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CHAPTER 1.—CONTINUED.

History of the Medical Profession from the first settlement of the British Colonies in America, to the year 1783.—By N. S. DAVIS, M. D., Prof. of Physiology and Pathology in Rush Medical College.

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They were drawn together by suppers in winter, and dinners in summer. Their food was simple and taken chiefly in a solid form. The liquors used with it were Punch, London Porter, and sound old Madeira Wine.

From this general use of distilled and fermented liquors, drunkenness was a common vice in all the different ranks of society."* Who can feel surprised, that in the midst of a people indulging in such habits, death from "Gout, Apoplexy, Palsy, obstructed livers, and Dropsies," should be remarkably frequent?

The same writer tells us that, one club, "consisting of about a dozen of the first gentlemen in the city, all paid, for their intemperance, the forfeit of their lives; and most of them with some one, or more of the diseases that have been mentioned."

*See Rush on the state of Medicine, between 1760, 1766 and 1809.

These few facts are introduced here, for the purpose of showing how poorly we are qualified to judge of the propriety of any system of practice, at a given period of time, without an intimate acquaintance with the condition and customs of the people at the same period. We have already said that practitioners during most of our colonial period, were much controlled in practice by the doctrines of Boerhaave; but during the latter part of the time, these began rapidly to yield to the advancing school of Cullen. There were not wanting, however, many bold and independent practitioners, who did not hesitate to throw off the shackles of prevailing systems, and adapt their treatment to the prevailing type or character of disease, or introduce new remedies, as the preceding facts abundantly show. Of these, none were more deserving of notice than Drs. Boylston, Colden, Ogden, Bayley, Morgan, and Bond. So rapid was the decline of the Boerhaavian influence that before the close of the Revolutionary war, we find blood-letting, Purges, Vomits, Bark, Opium, and Mercury, all used with more or less freedom throughout the profession. The last named remedy was extensively and very successfully used by some physicians, in preparing the system for the small-pox, both in the natural way, and after inoculation.—This practice was commenced as early as 1745, by Drs. Thomas of Va., and Munson of Long Island. And by it, we are told, they reduced the number of deaths after inoculation from 1 in 100, to 1 in 800 or 1000. Dr. Zabdiel Boylston of Boston, first introduced the practice of inoculation for the Small Pox, into the country by inoculating his own son, thirteen years of age, and two colored servants. This was on the 27th of June 1721, only two months after the inoculation of the daughter of the celebrated Lady Wortley Montague, the first that was practiced in England, and certainly before any knowledge of the latter case could have reached Boston. Dr. Boylston was induced to commence the practice by Rev. Dr. Cotton Mather, who had read an account of the inoculation

in Turkey, published in the transactions of the Royal Society of London. His three first experiments proving successful, and the Small Pox raging fearfully in the city of Boston, Dr. Boylston, inocculated during that year 247, of all ages and both sexes, and 39 were inoculated by other physicians; making a total of 286, of whom only six died. While of 5,759 who were attacked with it in the natural way, during the same period, 844 died. It is not strange that when this practice was first introduced, it should have met with most violent opposition, requiring no small degree of firmness and perseverance on the part of those who had undertaken it, to stem the torrent of popular indignation which was much exasperated by the conduct of a portion of the Profession, at the head of whom, was Dr. Wm. Douglass, a man of much ability and strong prejudices. Indeed, the history of our Profession, brings to light no controversy of a more exciting and violent character, than that which arose, both in the colonies and the mother country, from the introduction of this practice. And none better illustrates the power of truth, to triumph over error, even when entrenched behind the strongest bulwarks of human prejudice and passion. For the success of Dr. Boylston, rapidly won to the cause intelligent members of the profession, and in a short time, the practice was extended through all the Colonies. And as we have already stated, such was the success attending a proper preparation of the system for the reception of the disease, that, instead of loosing six out of two hundred and eighty-six, as shown during the first year of its introduction, in less than twenty years after, the average mortality of those inoculated did not exceed one in eight hundred. Notwithstanding, the popular prejudice which was excited against Dr. Boylston, was for a time strong and highly embittered, yet he lived to receive ample compensation in the good opinion of his fellow men, both at home and abroad. He afterwards visited England, and besides receiving the most gratifying marks of attention, he had the honor of being the first

physician in the Colonies, who was made a member of the Royal Society of London. We are told by Dr. J. W. Francis, in his Anniversary Discourse before the New York Academy of Medicine, that Dr. Beekman Van Beuren, who succeeded his father, John Van Beuren, as physician to the Alms House in the City of New York, "was the first physician who introduced the practice of inoculation for the Small Pox in our public institutions." The first *Post Mortem* examination that took place in America, of which we have any record, was made in 1691, by Dr. Johannes Kerfbyl, assisted by five other physicians of the city of New York. The body examined was that of Governor Sloughter, who had died suddenly under suspicious circumstances. It was not until 1750, nearly sixty years after, that the first human body was dissected, for the purpose of imparting Medical instruction in the Colonies. This was done by the learned Drs. John Bard, and Peter Middleton. The study of Botany also received attention from some of the earliest and most learned physicians of the Colonies.—Among these, Drs. Cadwallader Colden of New York, and John Bartram of Pennsylvania stood pre-eminent. The first named of these eminent men, taught the Linnæan system or classification of plants, on the banks of the Hudson, several years before it was recognized in England. Colden doubtless derived his knowledge from the traveller Kalm, who was a pupil of Linnæas, and so highly was he esteemed by the Botanists of the old world, that one of the most beautiful plants of the tetrandrous class was named Coldenia, in honor of his memory. John Bartram, though living at a little later period of our history, enjoyed a still more extensive reputation in this department of science, and probably, was favored with a more extensive correspondence with the scientific men of Europe than any of his cotemporaries. He was the first Anglo-American who attempted to establish a Botanic Garden in this country. This Garden was located on the Schuylkill, about three miles from Philadelphia, and contained about five

acres, well covered with a great variety "of new, beautiful and useful trees, shrubs, and herbaceous plants."

We are told that his garden attracted the attention, and induced the visits of many learned men; and Bartram himself, continued to travel extensively through the country, and make collections in the various departments of natural science, until he was over 70 years of age.

Dr. John Clayton, who came from England to Virginia in 1705, has already been referred to as the author of the *Flora Virginica*, published in 1743; and Dr. Alexander Garden of South Carolina, was no less distingnished both as a naturalist and physician. He kept up a correspondence with Linnæus in Latin, by whom he was held in high estimation. The beautiful flowering shrub called Gardenia, was so named in honor of Dr. Garden. The practice of sending native young men from the colonies to be educated in the Medical Schools of Europe, was more prevalent in the Southern than the Eastern colonies. So early as 1734, William Bull, a native Carolian, received the degree of M. D. at Leyden. John Moultrie graduated at Edinburgh, in 1749, and published his Thesis, "de Febre Flava;" and we are told by Dr. Ramsey, that ten other natives of that colony obtained the same honor between 1768 and 1778. In the middle and southern States, there was much less disposition to merge the duties of Physician and Priest in the same hands, than in New England. Indeed, they seem to have been much better supplied at an early period, with well educated Physicians from England and Scotland, than the more northern colonies; and in the same proportion did the profession enjoy a higher reputation, both at home and abroad.

East New Jersey appears to be entitled to the credit of making the first attempt, to improve the condition of the profession by means of social organization. So early as 1766, a numerous meeting of physicians was held at New Brunswick, and a constitution and By-laws adopted for a permanent or-

ganization. Delegates were present from all parts of the State, and the objects as set forth in the Preamble to the Constitution were, "*Mutual Improvement, the advancement of the Profession, the promotion of the public good, and the cultivation of harmony and friendship among their brethren.*" These were objects worthy the attention of enlightened minds; and they seem to have been strictly adhered to, and successfully carried out; the society meeting regularly twice in each year, until interrupted in 1775, when not a few of its members, left the social circle and the bed side, to bind up the wounds of bleeding freemen, or with them, share the deadly strife in freedom's cause. The second important movement in this direction, was in the colony of Massachusetts, a little before the close of the war. In 1781 the Massachusetts Medical Society was incorporated, embracing about thirty members, with the venerable Edward Holyoke, as its President. Among the original members, we find the names of John Warren, Aaron Dexter, Joseph Fisk, Edward A. Holyoke, and James Lloyd.

During the same year, Dr. John Warren, who was then Surgeon of a Military hospital in Boston, commenced a course of anatomical lectures, which were the first, of which we have any account in New England. They were continued several years, and attended by many of the students of Harvard University, until a Medical Faculty was organized in connection with that institution.

Such is a brief view of Medical institutions and Practice, during the colonial period of our history. And if we consider the condition of the American colonies, the many dependences on the mother country, on the one hand, and the almost constant aggressions of the French and Indians, on the other, the scattered state of the population &c., we doubt whether any profession, under similar circumstances, ever progressed with greater rapidity than the medical profession of the colonies, during the 25 years succeeding the

middle of the eighteenth century. Still Quackery in all its forms and guises, was every where flourishing; and the profession itself destitute of that internal organization, or associated effort at improvement, which is so necessary to high respectability and permanent prosperity. Even the prohibitory laws of 1760, in New York, and of 1772, in New Jersey, seem to have had very little influence in accomplishing the object for which they were designed, viz: the elevation of the profession, and the suppression of irregular practice. But the time of their continuance before the commencement of the war of 1775, which for a period of eight years, effectually diverted the attention of all classes from all other subjects, was too short to allow any inference of value, to be drawn in regard to their success or failure. Notwithstanding the adverse circumstances in which the country was placed, and the admitted degradation of a great proportion of the medical practice of those times, still, we cannot but admire the liberal views, the close and patient observation, and the bold cast of originality, exhibited by those whose education had fitted them for the high responsibilities of their calling. And equally must we admire the broad and liberal basis, on which they planted their infant institutions in Philadelphia and New York; requiring as they did, a preliminary education and a curiculum of Medical studies, superior to that of any medical institution now existing in our boasted Republic. If any doubt this, let them compare the regulations of the Philadelphia Medical College of 1768, as already quoted, with those of any of our existing institutions.

CHAPTER II.

FROM 1783 TO 1806.

During that great Revolutionary struggle, which terminated in the establishment of the Independence of the American Colonies, but little time or means was afforded for the culti-

vation of any science or profession, save that of arms and the arts of war. And perhaps no class were more faithful or vigilant in their country's cause, than the practitioners of Medicine. They not onl y followed the Military Camp, sharing its privations and toils as Surgeons, but no small number exchanged the Lancet for the Sword, and the Esculapean wig for the cap of the Military chief. And long will the pages of American history glow with the names of Warren, Mercer, Rush &c., the two former of whom, sealed their devotion to the cause, with their lives. During the war, both New York and Philadelphia fell into the hands of the British, and the operations of the Medical schools, like all other institutions in those places, were suspended until their evacuation. Even the Medical Society of New Jersey, as already stated, was compelled to suspend its functions during the hostile incursions of the proud invader. But while these ordinary means of facilitating Medical education were suspended, another school of quite a different character was opened for the training of our profession. We have alluded in a previous chapter to the benefits derived by the profession of the colonies, from the Medical corps attached to the English armies, sent against the French colonies in the war which terminated in 1763; but the war for Independence afforded another and severer school than the one which had preeeded. For in the former, the colonial profession held the position of pupils and assistants, while in the latter, they were left entirely to their own resources, in a direct contest against their former guides and masters. It was during this trying period, when the profession was compelled to act independently, and often without even a proper supply of drugs, that, animated and encourged by the noble spirit of a Rush, it rose equal to every emergency, and acquired that self-reliance which enabled it, at the close of the eventful struggle, to set about resuscitating its infant institutions, with a zeal that could not fail of success. Hence, no sooner was Philadelphia evacuated by the British

army in 1778, than we find the functions of the College and Hospital resumed by the same teachers, and under the same regulations, as before. The number of students in attendance during the winter and spring of 1779, was not less than sixty, although no graduates are reported for that year. Indeed, the number of graduates during the whole of the period under consideration, amounting to near a quarter of a century, scarcely averaged ten annually. This was neither owing to the small number of students in attendance on the Lectures, or to the difficulties in the way of graduation, but to the much less relative importance which was at this period attached to the Degree. The Degree, either of Bachelor of Medicine, or Doctor, conveyed, at hat time, no special privileges in regard to practice; and hence was regarded, like all other literary degrees, as a mere honorary title.

Therefore, we find Students resorting to the Medical College, not so much for the title it was authorized to bestow, as for the real Medical knowledge it was capable of dispensing. In 1779, the Pennsylvania Legislature abrogated the charter of the College, and founded another, called the University of Pennsylvania, endowing it liberally with funds derived from the confiscated estates of the royalists of that commonwealth, and providing for a Medical department in place of that in connection with the one whose organization had been dissolved.

This, however, produced but little other effect on the Medical College than a change of name; for the same professors were in reality continued until 1789, when the Legislature, acknowledging the injustice of their predecessors in abrogating the former charter, restored it again, with all the powers and privileges belonging thereto, but at the same time permitting the University to remain unaltered. This act brought into existence two Colleges, each possessed of the privilege of having a Medical department annexed, and neither willing to forego that privilege in favor of the other.

The result was the organization of two medical faculties during the following year. But experience soon taught them that the patronage was too limited to sustain two institutions, either Literary or Medical; hence they were united in 1792, under the name of the University of Pennsylvania, which has been retained unto the present time. The Medical faculty of the united school, was composed of Dr. William Shippen, Prof. of Anatomy, Surgery, and Midwifery; and Dr. Caspar Wistar, Adjunct; Dr. Adam Kuhn, Prof. of Theory and Practice of Medicine; Dr. Benj. Rush, Prof. of the Institutes of Medicine, and clinical Medicine; Dr. James Hutchinson, Prof. of Chemistry; Dr. Samuel P. Griffitts, Prof. of Materia Medica; Dr. Benjamin S. Barton, Prof. of Botany and Natural History. Some important changes were also made, at this time, for the government of the College, and the conferring of Degrees. The Bachelor's degree was wholly abolished, and that of Doctor in Medicine conferred under the following rules, viz:

"1. That the candidate should not be under twenty-one years of age, should have studied Medicine for three years, and for two at least, in connection with the University.—2. That he should have attended, at least, *one* course of lectures of the several professors, with the exception of the professor of Botany and Natural History, and should also have attended one course of Natural and Experimental Philosophy in the Institution, unless he had received instruction in this branch elsewhere; and 3d, that he should undergo a private examination before the faculty, and if approved by them, should be again privately examined by the Faculty in the presence of as many of the trustees as might choose to attend, and finally, if found to be properly qualified, should offer a thesis, to be printed at his own expense, and defended in public at the Annual Medical Commencement."*

No one can fail to mark the contrast between these requisitions, and those adopted by the first College in 1768. Here

*See "an historical sketch of the University of Pennsylvania," published 1836.

instead of a preliminary education, embracing Mathematics, the Natural Sciences, and some knowledge of the Latin Language, we have a simple requirement in regard to some instruction in "Natural and Experimental Philosophy;" and indeed, the whole requisitions for the Degree of Doctor of Medicine, are much below those previously required for that of Bachelor. And we may here date the commencement of that lowering policy, and that disregard of preliminary education on the part of Medical schools, which has worked great injury to the profession. But why was the original standard departed from, and particularly in the downward direction? Before answering this question, we will turn our attention to the condition of Medicine in the neighboring city of New York.

Soon after the close of the war, attempts were made to revive the Medical department of Kings (now changed to that of Columbia) College. Through some mismanagement the attempt not only failed, but was attended with some circumstances which gave rise to a strong popular outbreak, commonly called the "Doctor's Mob." This arose from a suspicion that some bodies had been stolen from the grave yard for dissection. The mob broke into the dissecting room of the College, and finding several subjects partially dissected they exhibited the fragments to the multitude without, which so increased the excitement, that all law and order were trampled under foot for two or three days. Several medical gentlemen were grossly insulted, and many of the students were confined in prison for personal safety. This unhappy event, not only tended very much to degrade the profession in the public estimation, but also, greatly to retard the progress of the College.

To counteract, as far as possible, the evil influences brought to bear on the profession, and to improve Medical Science, several of the more enlightened young members formed themselves into a private Society. And in 1787 they succeeded in inducing the Magistrates of the City to establish an Apoth-

ecary's shop at the public expense, and freely tendered their professional services for the sick poor. Among the more prominent of these men, were Drs. Wm. Moore, Nicholas Romayne, Benjamin Kissam, Wright Post, and Valentine Seaman. They not only gave gratuitous attendance on the poor, for several years, but connected therewith Lectures on most of the branches of Medicine, thereby constituting the first real Hospital and Dispensary, connected with practical instruction, under the corporation of the City. So great was their success that in 1790, more than fifty students attended their instructions. Encouraged by their success, and failing in the establishment of a College of Physicians and Surgeons for the sole purpose of Medical instruction, another effort was made to revive the medical department of Columbia College. In the fall of 1791, the private association introduced no less than sixty medical students into the College, and thereby induced the Legislature to make a grant of over $30,000 to the trustees, for the purpose of enabling them to enlarge their buildings &c. In the following year the Medical faculty was re-organized by the appointment of Drs. Baily, Post, Rogers, Hamersly, Nicoll, and Kissam, Professors, and Dr. Bard, Dean of the faculty. Some of these appointments were so unsatisfactory to the students that many of them abandoned the College, and erased their names from its register. Indeed, such were the internal jealousies, and outward prejudices, that the institution, though it maintained an existence until 1810, yet never attained a degree of prosperity equal to the private association to which we have alluded. About this time also, the buildings for the New York Hospital, which had been destroyed by fire previous to the war, were again so far completed as to allow of the admission of patients. Soon after the close of the war, the subject of Medical instruction began to attract attention in the Eastern States. And we have already seen that so early as 1782, some courses of Lectures on the different branches of Medicine were given, in connection with Cam-

bridge University. This was mainly in consequence of several liberal donations, from some wealthy and enlightened friends of the cause. In 1788, a Medical faculty was established in connection with Havard College, headed by Dr. John Warren, with Drs. Waterhouse, and Dexter for associates. This was continued with a reasonable degree of success, and under fair regulations until 1810, when it was removed to Boston, where it soon obtained a much higher degree of prosperity. How much, the almost simultaneous establishment of these several schools, and particularly the school and Hospital in the rival city of New York, influenced the marked lowering down of the requisitions for graduation, to which we have alluded, in the Medical School of Philadelphia, every reader must judge for himself. It was doubtless these things, aided by the prevailing spirit of the times, that led to this sad change of policy.

The Massachusetts Medical Society was established by an act of the Legislature of that State in 1781. The objects set forth in the act of incorporation were, the promotion of Medical science and the regulation of all matters pertaining to the profession. To enable it to accomplish these desirable objects, the society was authorized to appoint a Board of Censors, whose duty it was to examine all candidates for admission into the profession in that State, and grant Licenses to such as were found qualified. This Society, together with that formed soon after in New Haven, and the New Hampshire Society, chartered in 1791, exerted a very salutary influence over the profession throughout the United States. Their powers and duties were modified from time to time, until at length the organization of each became complete, and they had severally adopted fixed regulations for the examination and admission of candidates, and enlightened codes of Medical Ethics, as we shall see in the sequel.

To stimulate into action individual talent, and encourage still further the cultivation of Medical Science, a wealthy and

enlightened citizen of Boston, Ward Nicholas Boylston Esq. established In 1798 a perpetual legacy, yielding $133 per annum. Thirty-three dollars of this sum was to aid in the establishment of an anatomical Museum, and the remaining one hundred to be awarded annually, for premiums for Medical Essays under the direction of the Fellows of the Massachusetts Medical Society. The noble intentions of the donor have been faithfully carried out by the Society, who have thereby annually called forth a number of interesting Essays, which now embrace many of the most important topics belonging to Medical Science. The Massachusetts Medical Society, also enjoys the honor of being the first in this country to issue a regular volume of transactions, made up of the most interesting papers read before the Society.

The first number of the transactions was published previous to the year 1800, and contained papers written by Drs. E. A. Holyoke, of Salem. Wm. Baylies, of Dighton; Joseph Orne, of Salem; N. W. Appleton, of Boston; Edward A. Wyer, of Halifax, N. S.; Isaac Rand, of Cambridge; Isaac Rand Jr., of Boston; Joseph Osgood, of Andover; Thomas Welsh, of Boston; and Thomas Kast, of Boston. The most important of these papers, were: "An account of the weather and epidemics of Salem in the county of Essex, for the year 1786; with a bill of mortality for the same year. By Edward A. Holyoke, M. D. written in 1787." "A case of Empyema, successfully treated by an operation, by Isaac Rand in 1783." "Observations on Hydrocephalus Internus, by operation, by Isaac Rand Jr., in 1789;" and "an account of an Aneurism of the thigh perfectly cured by an operation, and the use of the limb preserved, by Thomas Kast, in 1790." The second number of the Society's tranactions was not published until 1808. The first Medical Society organized south of New Jersey, was the Philadelphia College of Physicians, which was instituted in 1787, and incorporated by the Legislature of the State in 1789. The Philadelphia Medical Soci-

ety was organized in the same City, in 1789, and was incorporated in 1792. An interesting notice of the history of the last named Society, may be found in the Medical News and Library for January 1843.

It was during the period under consideration, that another powerful means of diffusing Medical knowledge, and promoting the welfare of the profession, was brought into requisition. I allude to the Medical Periodical Press. The first Medical Periodical published in America, was commenced in the city of New York, and was called the Medical Repository. It was commenced by Drs. Samuel L. Mitchell, Edward Miller, and Elihu H. Smith, 1797; and the first named of this eminent trio, continued its principal editor through the whole of the first sixteen volumes. At the end of this time it passed under the editorial care of Dr. James R. Manley, assisted by able associates, who maintained its reputation unabated until the end of the twenty-third volume. The Repository was a good sized quarterly Journal, and its pages were enriched with many of the ablest Medical and scientific productions of the period through which it was published. In 1804, two Medical Journals were started in Philadelphia, one called the Philadelphia Medical Museum, the other, the Philadelphia Medical and Physical Journal.

The first number of the Museum was issued in September, 1804, edited by Dr. John Redman Coxe. The Medical and Physical Journal was commenced in November of the same year, under the editorial management of Benj. Smith Barton. These several Journals soon called into action much talent that had hitherto been dormant, by eliciting essays and communications from many of the most intelligent members of the profession in every part of the country, by publishing the proceedings of Medical Societies at home and abroad, and by affording a free channel for dignified scientific discussions.—They thus became powerful auxillaries in the great work of Medical education and advancement.

The Medical department of Dartmouth College was organ-

ized in 1797, on much the same plan with the first schools in Philadelphia and New York. During the first nine years after the Medical department was established, Medical honors were conferred on 33 candidates, only one of whom took the higher degree of Doctor of Medicine, all the rest taking the degree of Bachelor. The same course was continued up to 1812, after which, the degree of of Doctor, seems to have been the only one conferred by the College. During the period now under consideration, we find very little done by the several State Legislatures, either to promote the education of the profession, or protect the interests of the community against empiricism. The first Legislative act which we find on record, having for its object the regulation of Medical practice, subsequent to the war; was adopted by the Legislature of New York in March 1792. This law required all students who had graduated at some literary College in the United States, to study two years, and those who had not so graduated, to study three years with some reputable practitioner; and then undergo an examination before the Governor, Chancellor, the judges of the Supreme Court, the Attorney General, the Mayor and Recorder of the City of New York, or any two of them. The examining officers were allowed to take to their assistance any three practitioners whom they might choose; and if the candidate was found qualified, he received a License which authorized him to practice Medicine in all its branches. But all persons destitute of such license, were prohibited from collecting pay for their services, except such as were already in practice before the law was enacted. This law was in all respects similar to the Colonial law of 1760; and like it, was limited in its operations to the City and County of New York. The act continued in force five years, when it was repealed or rather superceded by another passed by the Legislature in 1797; which prohibited all persons from practicing Physic or Surgery in that State without a license from one or more of the officers mentioned in the act of 1792, under a penalty of twenty-five dollars for each offence.

ARTICLE I.

On the treatment of Dropsical Affections, by injections of Iodine, &c: By DANIEL BRAINARD, M. D., Prof. of Surgery, in Rush Medical College.

In the Nos. of this Journal for Jan., 1848, and Feb., 1849, I related a case of Spina Bifida, treated by injections of Iodine and Iodide Potassium in solution.

The number of injections used in that case was fifteen, and the time required for the cure ten months, viz: from December, 1847, to October, 1848. The strength of the solution used varied from ½gr. Iodine, and gr. j. Iode Pot. to the f. oz. Dist. Water to gr. jv. Iodine, and gr. vj. Iod. Pot. to the f. oz. of water.

The cure was perfect and permanent, the patient remaining in good health to the present time.

This, the first of my published cases, was not, by any means, the first case of dropsical effusion in which I had used injections. As early as Dec., 1845, I threw into the peritoneum gr. xv. Iod. Potass, dissolved in f. oz. j. dist. water, after having, as perfectly as possible, evacuated the fluid, by tapping. An acute, smarting pain was produced, which subsided in a few minutes, and no sign of inflammation followed. The patient returned home, and I lost sight of him.

Since that time, Dr. F. Hagemann, of this city, injected the peritoneum of a dropsical patient twice, at my request. I have not notes of the case; it was one of incurable organic disease, but the injections produced no inflammation.

During the past winter I injected the abdemen of a patient laboring under general dropsy, as well as ascites from disease of the heart, with gr. jv. Iodine and gr. viij. Iod. Pot., in solution without drawing off the fluid. It was followed by no signs of inflammation, but the fluid in the peritoneum was absorbed and a great amelioration of symptons followed.

These were all supposed to be hopeless cases of disease in which the injection was used, not with the expectation of cure, but to ascertain the danger which there might be of producing inflammation. The result, in that respect, was perfectly satisfactory. I can now also add two other cases treated in a similar manner; one by Dr. M. Clure, of Dundee, Ill., and another by Prof. Mussey. These gentlemen have stated to me that they have recently used the injection without inflammation resulting. In the Am. Journal of Medicine, for Oct., 1847, p. 491, is the report of a case of ascites, cured by Mr. Leriche, of Lyons, in this manner. The injection was strong, and made, in this instance, after all the fluid had been drawn off.

This practice seems to have been tried with success a long time ago. Pereira speaks of it and refers to the philosophical transaction of 1744.

Samuel Cooper, in his Surgical Dictionary, says he has seen two fatal cases from the practice. As they were both, as far as can be judged, from the injection of alcohol, after the fluid was evacuated by tapping, it is only surprising that one of the patients should have survived for a long time. Such cases do not authorize us to reject the practice when properly conducted, or justify the conclusion that it is necessarily dangerous.

It may, then, be considered an established fact that injections of this kind may be made, with suitable care, without danger of producing inflammation. It remained to be shown that dropsical effusions could be cured without such inflammation or adhesion of the sac in which it was situated.

A man applied to me during the past winter, with a large hydrocele, of 18 months standing. Injected f. dr. j. of a solution of Iod. Potas. and Iodine, gr. j. of the latter to gr. xij. of the former, to the oz. of water, without drawing off any fluid, the solution being thrown in through an exploring canula. This was subsequently repeated twice, and at the end

of six weeks scarcely any trace of effusion remained, the man having continued his labor, and felt but slight tenderness in the organ.

Three cases of Spina Bifida have recently fallen under my care, all associated with hydrocephalus, in a greater or less degree, and rendered, therefore, unfavorable for perfect cure. I did not, on this account, neglect the opportunities they offered to test the effect of the Iodine treatment.

CHICAGO, April 12, 1849.

Case I.—I was called to see an infant, delivered by a midwife about an hour previously, affected with a Spina Bifida, situated upon the lower part of the lumbar division of the spine, which had been ruptured during labor. It seemed to have been about the size of the closed fist. At the point where it was ruptured, the sac was formed by little else than the membranes, being almost transparent, over a space of one inch in length and two lines in breadth. The child was cold, and breathed with difficulty. I laid open the sac to the extent of the transparent part of its coverings, and saw the opening into the spinal canal, which was small—not large enough to admit the point of the little finger. Folding the collapsed sac together, I placed a compress upon it, and a band around the body, and directed the child to be warmed by artificial heat.

13th. Found the serum which had escaped and dried upon the compress had closed the opening, and that the sac was distended with serum. Child warm, and has taken food.

14th and 15th. Remains in the same state.

16th. The sac has opened and discharged serum slowly. Child shows signs of spasmodic action. I re-opened the sac, and touching the surface around the opening into the spinal canal, with Nit. Arg., again folded the sides together and applied a compress and bound it with as much force as was judged safe.

17th. Sac much inflamed; discharge of reddish serum. Child restless and feverish, but takes the breast. The discharge continued colored slightly, and gradually became offensive till the 25th, when I injected the sac with the following solution: Iodine, gr. jv.; Iod. Pot., grs. xij., to the oz. of distilled water, most of which escaped, but some was doubtless retained by the compress.

27th. Discharge less offensive and yellowish; sac much contracted, and of a deep red color. Child appears well, and takes the breast freely.

30th. Injection of oz. ss. of sol. as before; discharge purulent; less offensive.

May 2d. Injected it with sol. Sul. Copper, gr. j. to the oz. of water. Child well; discharge thin and purulent.

May 4th. Repeated the same. Child well; tumor subsiding.

6th. Repeated the injection.

May 12th. Opening closed. Child appears in health; head enlarged—bones sparated.

During the whole of this time the child grew, and seemed in perfect health until:

June 1st. Child died suddenly, of convulsions.

This case undoubtedly resulted fatally, from closing the fistulous opening in the back too soon, but it illustrates, in a striking manner, the favorable effect of injections into the spinal canal, and the little danger of inflammation to be apprehended from their use.

I was not at the time aware of the danger of keeping compresses over such an opening, and held, in common with the whole profession, the erroneous opinion that the danger in cases of inflammation of the meninges of the brain and spinal cord was greatest where an opening existed.

This is an error which has recently been pointed out by Dr. Thompson, of Columbus, Ohio. Far from closing such an opening, the sac should be punctured in cases of Spina Bi-

fida, when violent inflammation of the membranes results from treatment and injections used, if the discharge is profuse and offensive.

Case II.—Spina Bifida, complicated with Hydrocephalus, treated with injections of Iodine.

Feb. 12, 1850. Was called to see a female child, three months old, born at seven months, excessively feeble at birth, and effected with Hydrocephalus and Spina Bifida. The tumor occupied the lumbar region; was 3½ inches in length, 2½ in breadth, and 1½ in elevation; elastic, fluctuating, semi-transparent.

I made a puncture with an exploring trochar 2 lines from the base of the tumor, and without drawing off the fluid, injected ⅔ of a dr. of the following solution: Iodine gr. j.; Iod. Pot., gr. iij.; Aq. Dist., f. oz. j.; making 1-12 gr. Iodine, and ¼ Iod. Pot. thrown in.

Feb. 13th. Tumor tense and hot; pressure on it produces twitching of the limbs. Directed the child to be laid upon its face, and evaporating lotions applied to the part.

14th. Child appears well; tumor tense.

17th. Tumor flaccid, and reduced one-fourth in size. Injected 1-6 gr. Tannin in ⅔ f. dr. j. Dist. Water.

18th. Child restless and feverish; tumor hot, tense. Applied evaporating lotions, and gave a purge of Castor Oil.

19th. Child appears well. Applied solution of Gun Cotton to tumor.

March 2. Tumor which had been flaccid and greatly reduced in size, commences to increase. Injected sol. Tannin, as before, and with the same result.

March 7th. Injected gr. ss. Iodine, and gr. j. Iod. Pot. in f. dr. j. Distilled Water. But slight symptons of inflammation resulted. Tumor diminishing rapidly in size, and becoming firmer, and of a flesh color.

March 10th. Repeated injection. Soon after the injection, twitching of the members occurred; the solution was there-

fore drawn off, and the sac partially filled with Dist. Water. The twitching immediately subsided. The child took the breast, and appeared in its usual health, and continued so for 18 hours. At the end of that time, in the night, the mother noticed the child to be unwell, and, lighting a candle, found it in convulsions, of which it died. Such was the account given by the parents who were sleeping in the bed with the child. Some circumstances prevented me from giving implicit credit to the account.

Prof. Davis assisted at the examination of tumor, twelve hours after death. The opening into the spinal canal was entirely closed. The sac contained f. dr. j. clear serum; its walls were thick and firm, without any effusion of lymph or unnatural vascularity. The head was tense and had increased rapidly in size for a few days before death. Dr. Davis coincided with me, in the opinion that there was no sign of irrition about the tumor, to account for the death. On the contrary, the effect of five injections in four weeks, in diminishing the size of the tumor, thickening its walls and closing up the opening into the spinal canal, without symptons of inflammation, furnish the best evidence which could be desired of the efficiency and safety of the treatment. The Tannin was twice substituted for the Iodine solution, under the supposition that its astringency would be more effective in preventing effusion; it was found, however, to produce more inflammation, with less tendency to dimminution afterward, and was therefore discontinued.

It may be stated that, from the time of the first injection, the child, which had before been puny, began to thrive, and grew rapidly up to the time of its death.

III.—Case of Spina Bifida and Hydracephalus, treated with Iodine injections.

Sept. 20, 1849. Saw a female child of Mr. R., aged 4 days, affected with cleft spine and Hydrocephalus.

The cleft of the spine was situated at the lower part of

the lumbar region, was about 3 inches in length and 1½ in breadth; the abdomen was prominent, particularly on each side, the divisions of the spinal column, movable, showing that the want of union was not confined to the processes, but extended to the bodies of the vertebræ.

There was a fluctuating tumor situated over the fissure, about ¾ of an inch above the surface of the surrounding skin. Its covering was then of a blueish color, semi-transparent, and seemed composed of the thin membranes of the spinal cord, and the culticle alone. Indeed, this latter was wanting over a considerable surface, where an ulceration of the size of a shilling existed.

The head was of large size, measuring 19 inches around the frontal and parietal protuberances. The upper part of the parietal and occipital bones was wanting, and the head bulged out into a very irregular, tense, and perfectly elastic sac. The other bones were imperfectly ossified and separated. The head was hot, covered with large veins, and increased rapidly in size. The right foot was affected with a Talipes varus, and the movement of the lower extremities was feeble.

The urine dribbled away, and excoriated the skin extensively.

Applications of Nit. Arg., in solution, were directed for the ulcerated spot until it was nearly healed. Cold water was applied to the head to keep down the heat.

Oct. 9, at 12½ oclock, the treatment was commenced as follows: —

A very minute puncture was made with the point of the lancet, through the skin, half an inch below the tumor of the back, and a small sized exploring trochar passed from it obliquely upward into the sac. Without allowing the escape of more than a few drops of fluid, f. dr. ss. of a solution of Iodine, of the following strength, was injected. Iodine, gr. j. Iod. Pot., gr. ij.; Aq. Dist. f. oz. j. Making 1-16 gr. of Io-

dine and ⅛ gr. of Hyd. Potas. in the injection. The puncture and surface of the tumor were then covered with a solution of Gun Cotton. No pain was felt except at the moment of puncturing the skin, and from the application of the liquid plaister. I was assisted by Professors Evans and Herrick, and Dr. Meek, editor of the N. W. Journal of Medicine.

10th. 12 o'clock, M. Found the child had been restless from the time of the operation until 6 o'clock, P. M., when it became quiet; seems well. Veins of head less turgid than since its birth.

11th. Child appears well; head less tense. Applied adhesive liquid to tumor and continued cold water to head.

12th. Head tense; increased in size ½ inch. Tumor of back flaccid, flattened and slightly inflamed.

13th. Tumor of back diminishing; head increasing rapidly. Ulceration of back quite cicatrized.

In consequence of the rapid increase in the size of the head, I determined to inject it without waiting, as I had intended to do, for the cure of the back to be completed. This was accordingly done with the assisiance of Drs. Evans and Rutter. The point chosen was that most projecting on the summit and left side of the head.

About ½ dr. ot fluid was allowed to escape. The same quantity of the solution (of the strength before given) injected, and the puncture covered with adhesive solution. Child seemed to suffer no pain except from puncture and application of ether upon the point.

14th, 15th, 16th. Head hotter, and increased in size; appears well.

16th; 8 o'clock, P. M. The puncture of head commenced leaking, which was stopped by Dr. Herrick with collodion.

17th, at 4 o'clock, A. M., leaked again, and was stopped by a compress and bandage. Head flaccid; child irritable, sleepless, and starting.

19th. Head filling. To avoid danger of leaking from former puncture, 1½ oz. of fluid was drawn off by a very oblique puncture on the right side.

20th. Child restless; affected with apthae. Head hot.

21st. Child appears well; head natural.

31st. Head, which was stationary, has commenced to increase; measures 20 inches in circumference. It was injected at 5 o'clock, P. M., with f. dr. jss. of the solution. The puncture was made obliquely upon the summit of the right side.

Nov. 1st. For 24 hours, no effect was perceptible. At the end of this time, it commenced to be restless and sleepless, twitching often, and declined the breast. Evaporating lotions were applied to the head; a cathartic of Castor Oil administered.

Nov. 2d. The child was much relieved, and took the breast. Head stationary; the whole of the back part of it covered with a red blush which had gradually spread from the puncture.

Nov. 3d. Child restless. Head hot and red at the back part.

Nov. 4th. Heat less; redness almost gone; head diminished in circumference, ¾ inch in 24 hours.

5th. Child restless; head flaccid, diminished in size. Applied a band of India rubber, 4 inches broad, about it, to compress it.

6th. Has slept well from the time of application of band. Head diminishing.

7th. Continues to diminish. India rubber exchanged for a band of cotton.

From 7th to 24th, pressure continued; little change in head; remains stationary, at about 19 inches in circumference.

24th. Threw in ¾ of a dr. of solution; no effect.

Dec. 2d. Injected f. dr. jss. of solution. Head increasing; no effect.

15th. Head soft; diminished in size ½ inch in 24 hours.

At the first injection, but little fluid was allowed to escape. It was transparent, and showed, under the microscope, some epithelium cells. At the last operation, about one oz. was withdrawn; it was of a straw color; gave a slight cloud on application of heat, and was gelatinous on evaporation.

18th. Injected f. dr. jss. of the following solution: Iodine, iij.; Iod. Pot., gr. vj.; Aq. Dist., oz. j.; no effect.

30th. Threw in f. dr. jss. of the following solution: Iodine, grs. jvss.; Iod. Pot. gr. xij.; Aq. Dist. oz. j. No effect.

1850; Jan. 5th. Head is increasing rapidly; measures 22 inches in circumference.

Injected gr. ij. Iodine; grs. v. Iod. Pot. in f. dr. ij. Dist. Water. The fluid drawn off this time amounted to oz. iij.; was clear: exhibited, on standing, a filamentous appearance, like an exceedingly slight coagulum, and yielded, with starch, no trace of Iodine.

9th. Child was restless, and head slightly hotter than usual, after the last injection.

12th. Child well; head flaccid. Drew off oz. xij. fluid, and injected the same quantity as before, of the solution.

15th. Child slightly restless after injection, but soon became quiet, and exhibited no effect except a free secretion of tears and mucus from the eyes.

18th. Injected gr. jv. Iodine, and Iod. Pot., gr. x. in f. dr. vj. water.

19th. No effect except the secretions from the eyes.

22d. Child in perfect health; appears unusually bright, and is very active, moving its hands actively, and its feet slightly. Tumor of back reduced to a level with the surrounding skin. Urine retained naturally, and the excorations healed.

26th. Drew off oz. xvj. fluid, and injected gr. viij. Iodine, and gr. xxjv. Iod. Pot., in water, f. oz. j.

Scarcely any effect was produced by this injection. The head was stationary for about four days after the injection, and

then gradually increased. Compression by adhesive straps, bandages and Gun Cotton were tried perseveringly, without effect. Head 24 inches in circumference.

Feb. 4th. Drew off f. oz. xxjv., and injected gr. xij. Iodine and gr. xxxvj. Iod. Pot. in oz. j. water. No effect was produced at the moment but in the evening, 12 hours after the injection there was twitching of the limbs and vomiting. The matter vomited colored the starched dress of the child of a dark color. The dress, diapers, bed and handkerchief used on it were impregnated with the Iodine odor for about three days after the injection, but the most careful tests, by Prof. Blaney, with starch, after adding chlorine water, never detected any trace of Iodine in the fluid drawn from the head.

Feb. 19. For several days the head remained stationary, but has commenced to enlarge. Injected gr. x. Iodine, with gr. xxx. Iod. Pot., after evacuating oz. xxjv. fluid. Head in this and other cases, when much fluid was drawn, supported with adhesive straps and bandages.

Effect the same as in the last instance, cold lotions were applied to the head, and purge of Castor Oil given.

March 5th. Head increasing. Drew off xxjv. oz. fluid, and injected the same quantity as before. Applied a laced cap to the head.

The symptons resulting from this injection were but slight.

March 9. Drew off vj. oz. fluid, and repeated the same injection. This quantity reduced the head to the same size as before, by which it appears that 1½ oz. serum formed daily.

Remark. During the treatment for the last two months, the child has grown rapidly; the face, which was triangular and thin, has filled up, is fat and firm; the skin, from being pale, is become ruddy; the limbs are firm, and the skin of the head, from having been glistening, smooth, with but little hair and large veins ramifying over it, is cov-

ered with a thick growth of hair, and appears very natural; the bones of the opposite sides touch, and the head is 20 inches in circumference; the bones being thick and firm. The tumor of back is entirely obliterated, and the skin in its former position becoming firm and of natural color.

10th. No effect; head paler than natural.

11th, 12th. Child restless.

15th. Is in good health. Drew off f. oz. vi., and injected gr. ℈vij. Iodine, with gr. xxj. Iod. Pot. in oz. j. of water.

20. No effect from last injection; used gr. x. Iodine, with thrice the quantity Iod. Pot. in the oz. water. Fluid drawn, oz. vj. A few bubbles of air probably passed in with the injection.

21st. Has had twitching. Head pale.

27th. Drew off the same quantity, and injected as before.

28th. Little effect; dress colored by matters vomited.

April 3d. Repeated the injection with gr. xij. Iodine, and gr. xxxvj. Iod. Pot. to the f. oz. of water. It produced vomiting and purging of matters which colored the clothing. It is probable the materials used were not pure, as they were not procured from the usual shop, and had a different effect from any former injection. Since the first commencement of the treatment it had been noticed that immediately after tapping, or while the head was diminishing in size, the child was wakeful, nervous, and affected with muscular twitching, on the slightest cause, while, on the contrary, it was quiet and had a tendency to sleep, when the head was full and increasing in size. Recently this tendency to somnolence has greatly increased—so much so that it could be at times scarcely roused. It was evident the disease was approaching its natural termination.

April 11. Threw in gr. ix. Iodine, with gr. xxvij. Iod. Pot. in f. oz. j. Dist. Water, after withdrawing oz. vj. liquid. Slight twitching of the limbs the next day.

April 17. Repeated the same quantity, after withdrawing f. oz. viij. liquid.

After about 12 hours had elapsed, the child was affected with severe and dangerous symptons, twitching, vomiting of matters which colored the clothing dark. These symptons continued 48 hours, and were the worst the child had experienced since the commencement of the treatment.

The analogy supposed to exist between Spina Bifida and Hydrocephalus had at first given rise to the expectation that the treatment of the latter disease, by injections of Iodine, would be found efficient in its cure. This hope, after a fair trial, had in this case been abandoned, but the treatment was still continued, in the hope that its obvious effect in retarding the increase of the head might enable the bones to close at a size which would allow of health and intelligence in the child.

The gradually increasing severity of the symptons, following each injection, and the tendency to somnolence and diminished activity and intelligence of the child, suggested the propriety of suspending their use.

Accordingly, on the 2d. May, I drew off viij. oz. fluid, without any injection, the tension of the head and somnolence rendering such relief necessary. For two or three days, this afforded relief, but fluid accumulated with unusual rapidity, so much so that during my absence, in attendance on the National Medical Convention, at Cincinnati, the head attained a great size, the child became somnolent, and Prof. Herrick was called on to tap the head, which he did, May 12th, to the extent of vj. oz., with but partial relief.

It was in this condition that the head was found on my return, May 14. It was greatly increased in size, hotter than usual, covered with large, branching veins, and the child somnolent.

Notwithstanding the approaching fatal result of the case was apparent, yet the rapid aggravation of the symptons under the treatment by tapping alone, as compared with that

by tapping and injection, induced us to resort again to this latter, as a palliation; accordingly, on the 15th, I threw in gr. vj. Iodine, with thrice that quantity Iod. Pot. in oz. j. water. The amount of fluid previously drawn off was oz. xij.

No perceptible effect was produced for 12½ hours, when the child commenced vomiting and purging, fell into a convulsion and died immediately.

EXAMINATION AFTER DEATH.

The back, in the situation of the former tumor, was found smooth, firm, with but slight traces of disease. A cure of the Spina Bifida had evidently been effected.

On laying open the cranium, two-and-a-half pints of clear fluid was discharged. This was contained, principally, in the enlarged ventricles, there being but a thin layer on the surface. The arachnoid membrane was in a perfectly natural state, thin, polished, delicate; without any thickening or opacity. At the point where all the punctures but two had been made, the two layers of the arachnoid were closely adherent to each other. So that all the injections had been made into the ventricles, and not, as I had thought probable, into the sac of the arachnoid. The deception, in this respect, arose from the extreme tenuity of the ventricular walls, which over the upper part of the cerebrum were scarcely a line in thickness, and at points composed of the investing membranes of the organ, the cerebral substance having entirely given way, so that the canula could be easily felt, when in the ventricle, by the finger on the outside of the head.

Decending to the lower surface of the cerebrum, the walls of the cavity became thicker. The optic thalami, and corpora striata, although separated from each other, were entire, and, with the exception of flattening, in their natural state.—The corpora quadragemina, medulla oblongata, and cerebellum were well developed and healthy.

The internal surface of the inmmense cavity, was composed of white nervous tissue, firm and smooth, except at

points where there were slight elevations, without any sign of lymph effused or unsual vascularity. Indeed, the whole substance of brain and its membranes, seemed less vascular than natural. The corpus callosum, extremely thin but not divided, formed the roof of the cavity. The *iter ad infundibulum* was dilated, but the *aquaduct of Sylvius* seemed not pervious without pressure. On the floor of the cavity lay the choroid plexus hypertrophied and resembling a congeries of mucous follicles, rather than the natural condition of the membrane.

Between the cerebrum and cerebellum was found a cyst of the size of a small plum, containing a serous fluid. On opening this, there was found a small surface, resembling entirely that of the choroid plexus in the large cavity.

This circumstance, together with the perfectly healthy appearance of the arachnoid, induced Prof. Herrick, who assisted me in this examination, to believe that the common opinion, that *internal* chronic Hydrocephalus originates from the arachnoid membrane, in so far, at least, as this case is concerned, is erroneous. He thinks the diseased choroid plexus was the source of the fluid. On examining that tissue with the microscope, his opinion (in which Prof. Davis concurred) was confirmed, for he found in this tissue, a great number of cells, arranged in groups, or in form of racemes attached to a common foot-stalk.

I am under the deepest obligation to Prof. Herrick, for assistance during the treatment of this case. I was also assisted by Profs. Evans, Blaney, Davis, Dr. David Rutter and several other medical friends.

The inferences which I think may be legitimately drawn from these cases, are :

1. Injections into cavities affected with Dropsies, may be made without great danger; the violence of the symptons will depend upon the strength of the injection, the quantity of fluid present, and the duration of the disease. Old cases, when the membrane is thickened, or when the quantity of fluid is great, or when the surface has gradually become accustomed to the

presence of the fluid, are those in which there is least danger to be apprehended.

2. Spina Bifida is generally a curable disease by such a treatment. Still I would by no means assert that success can be always expected. It is sometimes associated with mal-formations or incurable disease. The internal surface of the sac is often inlaid, in a great part of its surface, by the trunks of the sacral nerves. A puncture of one of these, whether in tapping, injecting or acupuncture, may be followed by serious results. This frequent presence of nervous trunks, is a fatal objection to excisionof the coverings of the tumor, to fetch the edges together by stitches.

In addition, Erysipelas or convulsions may occur in such cases, from a simple puncture.

Still, in general, I have no doubt the treatment will be found, as compared with any other known method, safe and efficient.

The following are the circumstances to which I would particularly call attention as necessary to its safety and success.

Using not more than 1-32d part of a gr. Iodine, and three times as much Iod. Pot. at the commencement, dissolved in Dist. Water, and *be sure it is of perfect purity, and the solution recently made.*

As long as it produces moderate inflammation, do not increase the quantity.

Make the puncture 1-4th inch from the base of the tumor, in sound skin; it is much safer.

Do not evacuate the tumor, or if it escapes, replace the fluid drawn off by Dist. Water.

If spasms should occur, the fluid might be withdrawn and Dist. Water injected.

The child should be laid upon its face, and if heat and tension occur, cold be applied to the part and head.

As soon as the tension is past, collodion should be applied and re-applied as long as it continues to diminish in size. When it ceases or increases, a new injection should be made.

3. The cases of ascites treated by me thus far, in this method, were such as offered favorable opportunities for testing injections

in reference to the inflammation they might produce; it was necessary first to remove anerroneous opinion concerning their danger. I regretted, afterwards, not having continued their use, with the object of effecting a cure.

It is probable that inflammation has little or no connexion with cure of Dropsies by injection. It is only necessary, in such cases, to change the elements of the fluid, in some considerable degree, and the tendency to effusion ceases, the action of absorption becomes more rapid. It might be supposed that the case here narrated, of Hydrocephalus, militates against this opinion. We have already shown that it is most probable that the fluid in that case was the result of secretion from a morbid glandular structure in the choroid plexus, and not, by any means, an exhalation from the surface of the arachnoid membrane. If it were otherwise, and Hydrocephalus were analagous to ascites, anasarca and other serous effusions, the want of success in curing it would not militate against its utility in other cases. To any one who saw the child at the commencement of the treatment, and observed the rapidity with which the head increased, there could be no doubt that, without treatment, the term of its life could be but a few days or weeks, at farthest. That the treatment cured the back, removed, in a great degree, the paralysis, and modified and retarded the progress of the disease in the head, will afford encouragement for applying it in any case less certainly fatal than that disease.

The effect of these injections, in filling and saturating every part of the system with the medicine, should not be overlooked. In the Hydrocephalic child, the most violent symptons followed effusion of the Iodine into the stomach. There was no salivation, as is the case when the medicine is thrown into the veins. Several years since, having occasion to treat a vascular tumor, of a doubtful nature, I threw into it a small quantity (the notes are not at hand) of Iodine and Hyd. Potash, in solution. In a few seconds the patient experienced a bitter taste in the mouth, and a free salivation which lasted a week. It was composed simply of enlarged veins, and the medicine had entered the circulation.

Convinced of this fact, the operation was repeated with the same result. In the case of injections into the head, on the contrary, the effect seemed to be to invigorate nutrition, and fatten the child, which grew notwithstanding the effects following each operation. The importance of being acquainted with the action of other substances than those used thus far, when introduced into the cavities and tissues of the body, the effects they may produce in other diseases, such as ovarian cysts, anasarca, &c., might, with propriety, be considered here. They will, however, naturally occur to the reflecting mind, and I shall defer their further notice until I can communicate some facts calculated throw light on the subject.

CHICAGO, May 22d, 1850.

ARTICLE II.

Milk Sickness.—By J. J. Lescher, M. D. of Mt. Carmel, Ill.

In endeavoring to identify the poison of *milk-sickness* with Malaria, or, in other words, to argue the correctness of the belief, that the cause of Malarious fevers, and of *milk-sickness*, or *tires* in the brute are the same, I will not attempt an elaborate article, but rather present a brief statement of facts which would seem to give countenance to such a theory of the poison in question. To discover the pestiferous agent, has engaged the attention of the wise and the unwise; each one advancing a theory at war with all others. That there should be such discrepancies in opinion, has at all times been a matter of no little astonishment to me; inasmuch as so simple and plausible a solution of the mystery is at hand, and one which seems incontrovertible.

Whilst one class has evinced no little labor and research in ascribing the cause of *tires* to a vegetable origin, contending that the noxious weed had been discovered; another with an equal share of rhetorical skill, has as violently assailed it as preposterous, and instead of a vegetable, believed it a mineral.

A third, not content with either, confidently finds it in water, not knowing whence it derives, or by what name it is to be known. In arriving nearer the truth, as I conceive, however vaguely expressed, a fourth class, call it an exhalation from the surface of the earth, the chemical relation of which, they cannot define. That *milk sickness* is induced in the quadruped by an exposure to an earthy exhalation, and that Malaria is the exhalation, there can scarcely be a doubt, and for the following reasons:

Upon a careful inquiry concerning the location in which the disease under consideration prevails as an endemic, we invariably find that the same localities engender in man, malarious fevers proportioned in severity to the brute scourge. We find by reason of the prevalence of disease in man, the presence of Malaria; that the soil is alluvion, being a mixture of animal and vegetable remains. We find furthermore, that the periods most favorable for both classes of disease are identical.

Since we have every reason to believe that the disease in the brute spends its force on the nutritive system and abdominal viscera primarily, as is peculiarly manifested by visceral obstructions, a greatly depraved condition of the secretions, and a very marked derangement of the function of innervation; and knowing a set of conditions precisely similar, to manifest themselves in the human organism, following an exposure to miasm, should we not seem to approximate something like a just conception of cause and effect, in ascribing to the same pathological conditions a cause one and the same? To forestall the objections of those who would deny or reject

my theory of the cause of *tires* on the ground that it is known to occur in places far remote from the vicinity of stagnant pools and marshes, so far indeed as to preclude the possibility of the Malaria having traveled thither, I would say: That in such places wheresoever they be, the soil, from its animal and vegetable composition, nevertheless gives Malaria, tho' in a degree less than in low and marshy places, and as a necessary consequence, we find ague, which of itself establishes beyond a doubt, the true character of the soil and miasm.

To the individual who will exclaim, "ah! but why does not milk-sickness show itself wherever ague, bilious fever, &c. do?" The answer may be easily discovered by inquiring into the mode and manner of raising cattle in such places. Instead of being permitted to run at large and endure the hardships of an exposure to the inclemencies of winter, and left to seek for a subsistence in the croppings of shrubs, etc., they are kept under shelter and generously fed, in which situation they remain during winter, until the season of vegetation makes its appearance, when they have health and vigor, sufficient to resist the pernicious effects of malaria, which may be evolved during the succeeding autumn. Whereas, on the other hand, such cattle as are left to themselves, in a state bordering on starvation, become so enfeebled as actually to invite the fury of that which excites the scourge—the miasmatic hydra.—The reason of the exemption of horses from the *tires*, is undoubtedly attributable to the same cause. Horses are seldom known to have it, and for the very simple reason, that they are rarely left in herds to graze the localities in which cows and other horned cattle are permitted to run. Sheep are exempt from the same cause.

Since no cause more terrible than that of malaria, can be discovered to account for these diseased phenomena; and from its known pernicious qualities with respect to the human organization, is it not more rational to adopt it as the cause which we so long have sought? It is surely more in accord-

ance with the common sense of things, to adopt it, than to seek for and speculate on an unknown cause—an *ignis fatuus*.

Some may perhaps contend that the *milk-sickness* in the brute is characterised by a greater virulence, than that of malarious diseases in man as occurring in the same localities. That such is the fact, I am not prepared to deny; but notwithstanding this seeming difficulty, I am not the less inclined to identify the cause. In the one case, by reason of constant exposure, the poison accumulates, and is likewise more highly concentrated, because of the uninterrupted inspiration of the same; and by reason of the peculiarity of its physical conformation, and the manner in which it must search for its food, the quadruped has its nostrils constantly brought in contact with the ground, in consequence of which, it inhales the denser and more poisonous part of the miasm. That such an explanation is strictly in accordance with facts is more than probable from the well known laws which govern malaria. No one who acknowledges such an agent as miasm, doubts that the lower strata of the poison are more noxious than those more elevated—that it cannot ascend to great heights, that the higher it ascends the more innocuous it becomes, until it ceases to be pernicious. And hence, the escape from diseases peculiarly traceable to a malarious origin, of the majority of those individuals who sleep in upper stories; of those whose houses are built upon an artificial or natural mound. If these laws are well established, and as tending to modify the virulence of the deleterious agent, taking it for granted that the same agent is the exciting cause of the *tires* in the brute, the difference in point of severity of the two diseases, can be very easily reconciled. For instance, upon two individuals of similar habits, expose to the same cause, differing only in degree, and the consequence will be, that, in the case of the one exposed to the lesser degree, he will be subjected to a disease precisely the same in character with the other,

differing alone in severity. The same mode of reasoning with reference to the human and brute creatures, must lead to the same conclusions, modified to be sure, by the difference of organization.

If my etiology of *tires* be correct, and as such generally acknowledged by that portion of the profession whose habitation affords them the opportunity of witnessing and treating *milk-sickness*, as it shows itself in the human species, methinks very important and useful deductions, could be drawn, tending to a more rational, and eminently a more speedy and successful treatment. Instead of clothing it with gorgon terror and inexplicable mystery: Instead of regarding the disease under consideration, as induced by eating *poisoned* meat, and drinking *poisoned* milk, it were merely regarded as the consequence of *diseased* ingesta, the treatment would be vastly simplified. and a long train of suffering, both mental and physical, would be spared the despairing sufferer. I italicise the word poisoned, because, when used in this connection, the mass imply by it something specifically alarming and terrible. Why not regard the diseased flesh and milk, as the flesh and milk of an animal dying of *brute ague*, as, indeed the vulgar name of *trembles*, which is but another appellation by which the *tires* is known, pathognomically expresses; meaning that it stands for a disease characterized by rigors.

The deleterious effects of diseased meats, on the human system is well known. Witness for instance, the history of those suffering under the effects of eating the flesh of cattle laboring under the disease which in Germany, is known as *milzbrand*, which, judging from the literal meaning of the term *milz*, spleen; and *brand*, gangrene, I am very much inclined to regard as synonymous with *trembles*. When the flesh of overdrawn oxen excites disease of the first passages in those eating it, the assertion of Prof. Dunglison to the contrary notwithstanding, an instance in proof of which, I will relate, it need not be a matter of surprise. But when the flesh of dis-

eased cattle, and of over-driven cattle, excite symptoms very like each other, it should at least teach us caution in ascribing undue qualities to the flesh of *milk-sick* cattle.

A number of years past, whilst attending a course of lectures in the Medical College of Ohio, Prof. Mussey, related the following: During a hot and sultry autumnal day, a large and healty drove of fat oxen were for some cause or other overdriven, in reaching the Boston market, soon after which some were slaughtered, and the flesh disposed of. Many who had eaten of the meat, he observed, were seized with nausea, succeeded with violent pain in the stomach and bowels, incessant vomiting &c. Although at first, the bowels were frequently evacuated, they subsequently became obstinately constipated. An instance similar to the above, I remember to have seen in newspapers, a few years ago. Let us for a moment trace the disturbances in the system, following the use of the flesh of an ox which we have every reason to believe diseased preceeding slaughter. Sooner or later it excites a disordered condition of the stomach and bowels, known by the name of irritation of the gastro-enteric mucous lining membrane; which, if not speedily removed, excites through sympathy, the nerves of nutrition, and is soon succeeded by deranged function of the glandular system, causing the secretory organs to throw into the alimentary tube, irritating and depraved fluids, and finally terminating in inflamation of a low grade during the entire course of such diseased action, it may very properly be compared with *milk sickness*. To establish farther the identity of the cause of *tires* with malaria, we need but inquire into the means which are known to be effectual in destroying the cause. Cultivate the ground, and *milk-sickness*, disappears. The same holds good with respect to malaria, altho' not to such a degree as to prevent its formation totally. Prof. Drake, than whom we have not a sounder or more practical mind in the West, on the subject of Western Medical Topography, says, cultivation is the most infallible of all other means.

In the early settlement of Green Co., Ohio, the *trembles* was so annoying and of such frequent occurrence as very much to interfere with its settlement, which for a time remained at a stand-still, whilst neighboring counties not obnoxious to the scourge, rapidly filled up. However, as the lands were drained and cultivated, the disease disappeared, and at this time is perhaps wholly unknown to its citizens, except by name. In the same place, malarious fevers are by no means frequent.

Of the good effect of cultivation and draining, many incidents might be related; but let the experience of shrewd and observant farmers suffice. If asked how best they may protect their cattle, their answer is: "fence the infectious ground clear, and sow it in grass." Will not the same process diminish malaria? Is not malaria the noxious enemy against which the farmer directs his energies? Like the Apollo of heathen mythology, does he not stay the breath of the Python by destroying the monster? To return to a consideration of the different opinions concerning the cause of "brute ague" To detect the cause in any of the species of *rhus*, is so utterly groundless, as scarce deserving any thing more than a mere denial.

That it resides in any mineral, is equally as untenable; inasmuch as the means effectual in dissipating the cause, cannot reach the mineral.

That it must be malaria, is further confirmed by the fact, that wild turkeys contract the disease, which could scarcely be possible unless it be through the medium of their organs of respiration—unless, as some contend, they eat the diseased flesh.

In view of all the foregoing facts, if malaria be so subtle an agent, as to excite some of the most formidable diseases to be found in the calendar of human ills, where is the propriety of discarding it when searching for a thing known to possess properties alike with it? Or rather, wherein consists the im-

propriety of ascribing to it, powers capable of inducing functional and organic derangements in the brute creation, as it is known to effect in the human? There is no need of casting aside a known cause, to seek a bug-bear or a phantom.

Therefore, if malaria be the cause, we need no longer combat with a foe unshapen and unknown; but on the contrary give it "a local habitation and a name." The reproach of a baffled art would cease to rear its sneering front. But so long as there continues to be such a contrariety of opinions as to the etiology and pathology—so long as we seek for, and are confidently taught the presence of a *specific* poison in the fluids and solids of the brutes, imparting its specific qualities to the organism of the human being, engendering poisonous properties in the circulating mass, instead of regarding the fluids as deteriorated by reason of the irritation primarily excited and established in the first passages, so long may we deplore the want of a rational therapeutical management of the suffering—so long must we endure the taunts and jeers of the ignorant and petulant.

Upon the whole, undue importance seems to be attached to the disease. Prof. Drake says: "in the districts where the disease is endemic, it does not destroy as many as pleurisy or cholera morbus." From the crude notions of its pathology, its frequency is wildly exaggerated, confounded as it frequently is with Bilious Vomit, Gastritis, and intestinal derangement produced by ordinary causes. And because such diseases are so often aggravated by an empiric course of stimulation and acrid purgation, under the impression that the disease under treatment is *Milk-Sickness*, lives are sacrificed, and the court of the insatiable *milk-sick* minister of Death is thronged with the ghosts of the unfortunate victims.

Milk-Sickness is generally regarded as an alarming disease, and as one demanding more than ordinary medication; the mass believing that the gift of curing it, is one akin to the supernatural, not to be acquired through the common media of

medical instruction; and hence the propensity of ignorant and unprincipled medicasters to report simple gastric derangements as *Milk-Sickness*; the consequence being, that their fame reaps *milken* as well as *golden* laurels.

This lip-mocking class of trumpeters know, very well, the marvellousness of the mass, and the strange fondness which this same credulity begets for the mysterious, in the matter of disease and medicine. They know, likewise, the proneness of testing a physician's skill by a numerical method; that is, the one who loses the greater number of patients laboring under a *reputed* disease, however much skill he may have displayed, must bear the reproachful and *ungrateful* epithet of of an unsuccessful *doctor*. The palm of victory and triumph is awarded to the *pseudo-medicus*. The modest man of science, who treats *diseases*, must have his prized reputation tarnished and trodden under foot, whilst his rival, whom he does not condescend to regard as such, who treats *names*, changed to suit the popular breeze, is heralded as a prodigy in his profession. There is a strange disposition, in the great majority of men, to hanker after that which is not in the ordinary course of things. The every-day occurrences of life, move them not, but let something appear, which to them is incomprehensible, then all is wonder and amazement.

So it is in the practice of medicine. Simple and *truthful* names for diseases, as they ordinarily occur, excite no astonishment, unless it be a feeling akin to disappointment, because of the simplicity of the name of the disease. But bring forth the charlatan "Congstive Chills!" of "Winter Fever!" of "Milk-Sickness!" of "Fuss and Feath-ers," and witness the effect!—a whole community stands agog. The excitement whets the appetite of the panic-stirring *doctor;* as the season changes, so does his epidemic, always artful enough to take his cure from his superior, whose honest reputation he covets.

Part 2.—Reviews and Notices of New Works.

ARTICLE I.

Transactions of the American Medical Association, Instituted 1847. Vol. 2, pp. 956, 8vo. Philadelphia: Printed for the Asssociation, by T. K. & P. G. Collins, 1848.

In continuing a notice of the contents of this volume, which was commenced in the last preceding number, we come next in order to the Report of the Standing Committee on Medical Education.

The duties of this committee are defined in the following extract, viz :—

"1st. An examination into the general condition of Medical Education in the United States, in comparison with the state of medical education in other enlightened nations; noticing, as occasion may call for, the courses of instruction, the practical requirements for graduation, the modes of examination for conferring degrees, and the number of pupils and of graduates at the several medical institutions in the United States.

"2d. The requirements of the United States Army and Navy Boards of Medical Examiners.

"3d. The legal requirements exacted of medical practitioners in the several States of the Union.

"4th. Such measures, prospective or established, in reference to medical education, and the reputable standing of the profession, as may be deemed worthy of special consideration."

The Chairman of the Committee was Dr. F. Campbell Stewart, of New York city.

The report occupies about one hundred pages of the Transactions, and is one of the ablest in the present volume. It gives a satisfactory, though brief, account of the rules, regulations, and requirements in force in the principal European institutions for medical instruction, and the confer-

ring of degrees; following which is a more extended and equally judicious summary of the general condition of medical institutions and education in our own country. This part of the Report, not only embodies all the facts necessary to a fair understanding of the systems of medical education, at home and abroad, but it embraces also many extracts from the correspondence of the Chairman of the Committee, showing the views and opinions of many eminent members of the profession, and especially those connected with our colleges. From this report it appears that the shortest time allowed for the study of medicine in any of the countries of Europe, is *four* years, and the least time spent in attendance on lectures, during the period of study, is an aggregate of *two years*, or four courses of six months each,—while in this country the longest time required is three years, including two courses of college instruction of from fourteen weeks to five months each; or less than half of the college instruction required in Great Britain, and only about one-third of that given in all the continental countries. The following paragraphs taken from the report, contain sentiments worthy of serious consideration, viz:—

"By an examination of the details given in the preceding pages, it will be perceived that the system of instruction in medicine, in vogue in European countries is much more perfect and satisfactory than with us.

"The time required to be devoted in study is not only longer, but a preparatory education is, in all instances insisted upon, as being absolutely essential; and young men, before commencing their medical studies, must furnish abundant and satisfactory evidence of their having attained a given, and by no means small, amount of academic learning. It is wisely considered that, without preliminary training and knowledge in the several departments of general science, their minds are not properly prepared for receiving instruction in the high and complicated branches of professional education.

"The subjects taught in Europe are more numerous, and a much greater proportion of time is devoted to their study than s allowed in the United States. They are so disposed, also,

that they follow each other in a regular consecutive order. The student is thus enabled to prepare himself on a given number of subjects, by close application to their details, in a reasonable period of time; after which he is examined, and, if successful, his mind being relieved of a portion of care and anxiety, he is better prepared to commence and prosecute the study of a new series, upon which he is likewise, in turn, examined, and which he dismisses, for the time being, from his thoughts. How infinitely superior is this course to that which compels him to burden his memory, and toil during the whole period of his attendance on lectures, to keep pace with his preceptors in their endeavors to impart to him instruction on a multitude of subjects which are crowded together, and a knowledge of all of which must be obtained in the very short space of time allowed by most of our colleges as the period in which their courses are comprised. * * * *
The division of the scholastic year into summer and winter courses, which is practised at all of the institutions abroad, is a judicious one, and worthy of our imitation. * * *

"The advantages of having Professors made independent of their students, in being paid for their services wholly, or in part, by the State, are self-evident. This course is pursued everywhere in Europe, except in Great Britain, where teachers are, as in this country, paid by fees alone."

Under the head of "Recommendations for the Improvement of the Profession," the report insists strongly, and justly, too, on the necessity of proper attention to preliminary education, giving a plan by which it may be insured; of true Hospital or Clinical instruction; of more rigid public examinations for the Degree of M. D.; of lengthening the lecture terms, and dividing the subjects taught into two series, that they may be pursued in consecutive order; and of establishing in each State a Board of State Censors entirely unconnected with teaching, whose duty it shall be to examine rigidly, all candidates for admission into the ranks of the profession as practitioners in the several States, whether they are graduates of a medical college or not. In reference to this last recommendation, the report says:—

"We think that no material and lasting good can arise from

an elevation of a standard of requirements by one or two colleges alone. The only manner in which the desired end could be obtained, would be by the co-operation of all the colleges, in the establishment of a uniform curriculum;—and is this practicable? can it be expected that rival institutions, possessing a great diversity of interests, and unequal facilities for teaching, will unite in a general scheme, which would have the effect of concentrating students at such colleges as are in reality best prepared to impart instruction? We unhesitatingly answer in the negative; *it is useless even to ask it.*

"But let each State of our Union authorize the establishment of a Board of disinterested Examiners, who shall have no direct interest in view, and the obtaining of whose certificate shall be always obligatory, prior to permitting an individual to engage in practice, and a direct check is at once imposed, which will make it to the interest of the schools to raise their standard to the level of that established by the licensing Boards, and a fair and just rivalry will then commence between the colleges, *as to which shall impart the requisite amount of instruction in the shortest space of time, and with the least expense to the student.*"

In another place the report adds:—

"The plan of establishing independent Examining and Licensing Boards, is, as you are well aware, neither original with us, nor a new thing in the United States. It has been so often and so freely discussed, that all of you are familiar with the subject, and its successful introduction into some of the States, where it is now in force, shows that it is both practicable and beneficial to the people and the profession. * * * *. It has also been shown, in another part of this report, that the system is in vogue, and is found to work well in many parts of Europe, where its adoption has been attended with the most satisfactory and beneficial results."

These sentiments are the dictates of sound common sense. The idea, so much talked of by some, of getting our forty medical colleges to unite in the *practical* adoption of an elevated curriculum of study and requirements, or of a uniform rate of fees, is simply absurd. Just so long as their interests are local, diverse, and selfish, there will be no other practical

concert of action on these topics, than that which is sometimes brought about between the extreme advocate of southern slavery and the rank northern abolitionist in Congress, viz: a union to oppose some practical measure, not satisfactory to either extreme. The whole report is an extremely interesting and important one, and is alone worth the price of the whole volume. Appended to it, are two papers; one from the medical Faculty of Harvard College, opposed to the extension of the lecture term beyond *four* months, the other from a Select Committee, appointed by the Association to present the reasons, in full, in favor of lengthening the time of college instruction to six months. The latter paper is drawn up with ability, and presents facts and ideas which ought to be well considered by every member of the profession. If the following sentiments were generally remembered and acted upon, there would be less difficulty in advancing the common interests of the profession. This sub-report says:

"The subject of medical education is not limited to a mere consideration of *the interests of students and schools*. They are not the only parties it concerns; it occupies a much wider field, and embraces interests and relations of much deeper import. To discuss this question in its true spirit, and to reach all its consequences, it must be examined in all its bearings. Results without this course must be invalid. It is this broad view that governed the decisions of this Association at its former meetings, and its re-affirmance of them at its present session. On this question it was regarded that the *public*, the *science*, and the *profession*, had interests as deeply involved as the students and the schools; and that the Association was bound to look to and protect them."

We must close our hasty notice of this part of the Transactions by expressing the hope that all our readers will procure the volume and read it for themselves. N. S. D.

ARTICLE II.

NEW MEDICAL SCHOOL—PROGRESS.

We have received the *first Annual Announcement* of the Faculty of the Medical Department of the University of Michigan, located at Ann Arbor. Although one of the youngest States in the Union, Michigan deserves, if she does not enjoy, the credit of having adopted a more complete and liberal system of education than is to be found in any other State or country of which we have any knowledge. Having received from Congress a rich donation of public lands for school purposes, she did not follow the example of some of her sister states of the West, and allow half their value to be wasted by negligence and bad management, but faithfully devoted them to the establishment of a complete system of schools for the whole State; embracing primary, or district schools, sectional, or academical institutions, and a State University, which is provided with Departments of Law and Medicine. We are glad to see by the circular before us that the Regents of the University, in organizing the Medical Department have been actuated by the most liberal and enlightened motives.

The following extracts will show both the actual regulations adopted, and some of the objects they were designed to accomplish:—

"Prominent among the proposed innovations, are *pre-requisitions* to entrance upon the study of medicine—extension of the lecture terms—thorough daily examinations upon the topics discussed in the lectures—and proofs of a higher degree of proficiency, prior to granting the diploma. The exigencies of the time, it is believed, call for the establishment of an institution in which these ideas can be carried into practice; and no school, perhaps, is better situated for the realization of the objects proposed, than the one referred to in this Announcement.

"Fortunately, Michigan has the desire and the ability to possess herself of the honor of being the pioneer in this important improvement. Her statutes require that the Univer-

sity "provide the inhabitants of this State with the means of acquiring a thorough knowledge of the various branches of Literature, Science, and the Arts," the "Department of Medicine and Surgery" being especially designated. The law provides that the instruction given in this Department of the University, as in all others, shall be gratuitous, the Professors being paid from the munificent fund provided the State of Michigan, for this purpose, by the general Government."

The following are among the regulations adopted, viz:—

"Every candidate for admission shall present to the Faculty satisfactory evidence of good moral character, and also of such literary attainments as have been recommended by the National Medical Association, viz: A good English education; the knowledge of Natural Philosophy, the elementary Mathematical Sciences, and such an acquaintance with the Latin and Greek languages as will enable the student to appreciate the technical language of medicine, and read and write prescriptions.

"The Course of Lectures in this Department will commence on the first Wednesday in October and continue until the third Wednesday in April.

"There will be *four* lectures daily, except on Saturday, which day will be devoted to clinical instruction and reading of Thesis.

"Each candidate for graduation shall so announce himself at the close of his first, or the commencement of his second course, and shall be examined upon the subjects of Anatomy, Physiology, Materia Medica, and Chemistry.

In order that any student may be admitted to the Degree of Doctor of Medicine, he shall exhibit evidence of having pursued the study of medicine and surgery for the term of three years, with some respectable practitioner of medicine (including lecture terms); must have attended two full courses of Lectures, the last of which must have been in the Medical Department of the University of Michignn—must be twenty-one years of age—must have submitted to the Faculty an original Thesis, in his own hand-writing, on some medical subject; and have passed an examination, held at the close of the term, satisfactory to the Faculty.

"A charge of *ten dollars, paid once*, is the only fee required of the student. A deduction of one year is made from the term of study in favor of those who have graduated in the

Literary Department of the University, or in other respectable colleges. And clergymen, members of the legal profession, and graduates of other respectable medical institutions, may be permitted to attend as "honorary members of the Medical Department."

We notice only two serious obstacles to the complete success of these judicious regulations. One is, the location of the school where no adequate *Clinical*, or *Hospital* advantages can ever be provided; and the other, beginning with only five members of the Faculty. Still much credit is due to the Board of Regents for the adoption of such a liberal system, and especially to our friend Dr. Pitcher, of Detroit, one of its most influential members. N. S. D.

ARTICLE III.

A Universal Formulary: containing the methods of preparing and administering officinal and other medicines. The whole adapted to Physicians and Pharmaceutists: By R. EGLESFIELD GRIFFITH, M. D.; pp. 567; Philadelphia, Lea & Blanchard, 1850. (From the Publishers, through J. Keen, Jr., & Bro., Chicago.

This seems to be a very comprehensive work, so far as the range of its articles and combinations is concerned, with a commendable degree of brevity and condensation in their explanation.

It cannot fail to be a useful and convenient book of reference to the two classes of persons to whom it particularly commends itself in the title page.

ARTICLE IV.

A Response to a Professor, and a speculation upon the sensorium: By BENNETT DOWLER, M. D. (From the author.)

The title of the pamphlet of sixteen pages, given above, might lead some to expect a severe repartee to the complaint of Prof. Le Conte, that Dr. Dowler, in his "Contributions to Physiology," neglected to give due credit to his published experiments upon the alligator. But a perusal of it discovers a plausible reason for not mentioning Dr. Le Conte's experiments in said paper, though he regrets now he had not strengthened his conclusions, by quoting them again. The explanation is simply this: Dr. Dowler had but a short time previously given a synopsis of Prof. Le Conte's experiments in the same periodical, the N. O. Med. Journal, which were in many respects similar to his own, and a want of room prevented their being re-produced.

A perusal of the pamphlet shows entire good feeling and a stronger preference for the development of truth and the establishment of the author's views of the physiology of the nerves and brain—of the seat of the sensorium, than a disposition to contend for priority; observing, "it is verity rather than priority, which is most important." The arguments in favor of the existence of mental power in other parts of the nervous system than the brain are plausible, at least. E.

ARTICLE V.

Transactions of the Medical Society of the State of New York, during its Annual Session, held Albany, Feb. 5, 1850; pp. 276.

The first article in this volume is the Annual Address, from the President, Dr. Alex. H. Stevens, of N. Y. city, upon the subject of the "The Public Health." It occupies twenty-seven pages, and is replete with useful information upon the subjects

of the importance of State sanitory regulations, ventillating buildings, and drainage.

The second article is a clear and forcible argument, by the same author in favor of the opinion that Asiatic Cholera is communicable.

The third paper is "An Historical Sketch of the state of medicine in the American Colonies, from their first settlement to the period of the Revolution: By Jno. B. Beck, M. D., &c," of which we are also indebted to the able author for a copy of the second edition in a separate form.

The fourth article is made up of "Contributions to the vital statistics of the State of New York; by Lemuel Shattuck, Esq., of Boston."

These are valuable papers, as, indeed, are several others that follow.

But our space is too much crowded to give it a further notice.

Dr. Alexander Thompson, of Cayuga Co., was elected President for the ensuing year.

ARTICLE VI.

A Systemactic Treatise, Historical, Etiological, and Practical, on the Principal Diseases of the Interior Valley of North America, as they appear in the Caucassian, African, Indian, and Esquimaux Varieties of its Population: By DANIEL DRAKE, M. D. Cincinnati; Winthrop B. Smith & Co. Philaeelphla; Gregg, Elliott & Co. New York; Mason & Law, 1850; pp. 878 oct. (From the publishers, and for sale by A. H. & C. Burley, Chicago.)

A book is here presented. worthy of the name; one which has cost as much labor to produce it as any medical work

yet published by an American author—one that presents a greater amount of Hydrographical, Meteorological Physiogical, and Social information in reference to the etiology of the Interior Valley of North America than is to be found collated in reference to any other country so far as we are informed—one that is made up of an original collection of important facts which render the work equal in value to any American medical publication that has yet gone to press, and which will give it as enduring a reputation as can reasonably be claimed for any other—a book that is highly pleasing in style, and yet free from the appearance of a set effort to be entertaining. It interests because in almost every page it communicates to the physician of the country of which it treats, such information as he desires to have.

We feel proud for the West, that such a work has not only been produced but also published here, in a style of execution that will compare favorably with the works of the most celebrated publishing houses in the country.

To give at the same time the plan of the work before us, and to show the high estimation of the work by an esteemed trans-Atlantic contemporary, we give the following from the Medical Examiner for June :

" Book first treats of *General Etiology*, which is discussed under the heads or parts of 1. *Topographical and Hydrographical Etiology ;* and 2. *Climatic Etiology*. The second, which is the most attractive theme, cannot however, be either studied or understood to any extent, without the aid of the first; and the two jointly are of a paramount value, we might say necessity, for a clear knowledge of the diseases described in a subsequent part of the work. It would be a grave mistake in the reader and injustice to the author, not to see a unity of plan and purpose in its numerous divisions. Many of these, which, at first sight, would seem to be matters of allowable philosophical curiosity, merely, or at most, collateral or even introductory, are, truly, an integral and indispensable part of the treatise; and they could not be detached from it without marring its proportions, if not actually destroying its characteristic and atttractive features.

The common constituents of climate, in temperature, atmospheric pressure, and dryness and moisture, force and direction of the winds, and electricity, are greatly modified, independently of latitude and the succession of seasons, by the localities, whose peculiarities are included under the head of *Topographical and Hydrographical Etiology*. This is first exhibited in a "*general analysis*," and then in connection with successive portions of the "*southern Hydrographical Basin*," which includes the Gulf of Mexico and the different towns and harbors and inlets from Vera Cruz to Mobile, and the *Delta of the Mississippi*. Thence, in one direction, we follow along the bottoms and bluffs of this river on to the Upper Mississippi, and, in another line, the regions "*West of the Gulf and of the Mississippi River*." In fine, the entire regions on each side of the "Father of Waters," up to the Ohio Basin and the countries north of this latter, are spread before us by the author, who has thus collected and concentrated an amount of medical hydrography and topography of the great valley of the Mississippi, hitherto either unknown, or to most of us unattainable.

Next we are taken over the "*Eastern or St. Lawrence Basin*," including the regions of the lakes and of the river itself; and the first part is concluded by a sketch of the "*Hudson and Arctic Hydrographical Basins*."

Part second is devoted to "*Climatic Etiology*," under its appropriate divisions. Part third furnishes us with "*Physiological and Social Etiology*," especially of the Caucassian portion of the Great Valley, in their physiological characteristics, diet and use of stimulating and narcotic substances; also in their clothing, lodging, bathing and habitations, and in their occupations, pursuits, exercise and recreations. The Hippocratic advice given at the beginning of this notice, has been fully followed out by Dr. Drake; and no physician can henceforward pretend to practice medicine in the great valley of North America, without having first possessed himself of the Systematic Treatise and studied carefully its contents, that so he may prepare himself for a suitable treatment of the diseases in his town or district, and for filling up from his own observation the great outlines furnished in this work.

Book second exhibits the application of all that preceded it to a review of the geographical and topographical; in fine, the climatic causes of Febrile Diseases; beginning with Autumnal Fever, being that which has the widest range, and at-

tacks the greatest number of people. The divisions of this latter, described by Dr. Drake, are, first, Intermittent Fever, with its varieties of simple, inflammatory and maligant, and then Remittent Fever, considered as simple and malignant. The last two chapters are given to a consideration of the "*Pathological Anatomy and consequeuces of Autumnal Fever.*"

From the preceding outline our readers may acquire some idea of the abundance and variety of the topics examined in the present volume. Of their richness and intrinsic worth, they can only obtain accurate notions by reference to its pages. Even if more space were allotted to us than is possible within the assigned limits of this journal, we should still fail to do justice to the multiplied and pains-taking researches, statistical and other tabular estimates, as of temperature, barometrial changes and seasons, interspersed with judicious summaries and apposite statements of the material facts, with which this volume abounds."

To give a review of the work that should do justice to it would carry us entirely beyond the limits prescribed for this department in the present number. In fact, we do do not see how a review, short of occupying an entire number of our Journal, could give anything like a satisfactory view of the contents of the volume. We take leave of it for the present, hoping to have space hereafter to devote to it; in the mean time assuring our readers that the better plan will be for each of them to procure and carefully study it for themselves. E.

Part 3.---Abstracts.

ARTICLE I.

SPIRIT OF THE MEDICAL PRESS.

Practical Medicine.---In the May No. of the N. O. Medical and Surgical Journal is a judicious paper on the subject of Typhoid Fever, by Dr. J. C. Harris, of Wetumpka, Ala. He contends that the true Typhoid Fever, of authors, is very seldom seen by American practitioners of the South and West, and that the disease which has been erroneously so called, is nothing more than a continued Malarial Fever. His remarks are very pointed, and we extract his closing remark, as worthy the consideration of those attacked with the mania for getting their medical opinions from Europe.

"In now bringing to a close our remarks, and dismissing, for the present, the further consideration of the subject of Typhoid Fever, we venture the prediction, that had Dr. Bartlett, instead of visiting the hospitals on the eastern continent, and studying there the fevers of the Mississippi valley and the South generally, spent some time in observing and treating them in the malarious localities where they are engendered and prevail, the profession would, probably, never have been favored with his decidedly learned and entirely elegant treatise on Typhoid Fever; and it still remains, to some extent, we think, a matter of regret, that since this publication, so many Southern physicians, like an ancient philosopher on another occasion, with this talismanic book in one hand, and a lighted taper in the other, have gone forth at the *summer solstice*, at mid-day, under a burning sun, and amidst scorching sands and malarious hot-beds, in search of this, to them, until then, *great unknown*, and that, after many a weary pilgrimage, some, more fortunate than others, have returned crying (*Eureka*), I have found it. To all of these we tender our most profound acknowledgments and congratulations, with an assurance that we really, in viewing them in the light of discoverers, feel happy in the contemplation of the glorious felicity that awaits and surrounds them."

In the Boston Journal, for May 1st, is an interesting paper by Dr. Ware, on Croup. The author advocates a mode of treatment which he conceives to be more rational than the method heretofore pursued. He thinks emetics often prove injurious. His mode of treatment consists in the use of Calomel and Opium, and the local application of Nitrate of Silver. We doubt whether there are many of our readers who will agree with Dr. Ware; believing that the administration of emetics is founded on sound views of the pathology of the disease. Dr. W.'s notices of the pathology of Croup, are very interesting. The principal point is embodied in the following extract:

"Now when we examine the cases of recovery of membranous Croup which actually take place, and compare them with the condition of the parts in those which are examined after death, we find very clear evidences of a tendency in the disease to go through a certain course of changes which will terminate in health. The false membrane is effused, and, at the same time, the mucous membrane is thickened and congested. After a time, a process of suppuration is established upon the surface of the mucous membrane, underneath the false membrane, which of course separates the latter from the former, so that it lies loosely upon it, whilst between them is a layer of pus. If the membrane thus thrown off be thick and strong, it is expectorated in distinct pieces, sometimes of a considerable size; if it be thin and less firm, it is either converted partially into pus, or else is broken up into smaller shreds, and mixed with the pus so as not to be distinguished from it, except by very careful examination, and thus it is all gradually thrown up. The diseased membrane does not free itself from the false membrane over its whole surface at once. Those portions from which the false membrane has separated are left in an inflamed and irritable state; the expectorated membrane and pus are often tinged with blood, probably from the fact that by the violent effort of coughing, some portions are torn off from the mucous surface before the purulent process has effected a complete separation. The cough, then, with more or less expectoration, and a hoarseness, in some cases amounting to an incapacity for speaking except in a whisper, continue for some time—the

affection of the voice for several weeks. The parts are at length, however, perfectly restored."

In No. XIX. of Braithwaite's Retrospect is an interesting account, by Mr. Hannon, on the use of Manganese in Anœmic, and other affections. Several cases are detailed, in which its use was beneficial.

[" Several illustrative cases are given. The first mentioned is one of extreme chlorosis, in which the patient was sent into country air, and took iron for some time, without benefit. We are told that]

" The patient was then directed to take one of the following pills daily before dinner: Extract of Cinchona, Carbonate of Manganese, of each a drachm. Mix and divide into four grain pills. After she had used these pills for a fortnight, the cheeks and conjunctivæ regained their colour, and the swelling of the feet disappeared The following pills were then ordered: Sulphate of Manganese, Carbonate of Soda, of each a drachm; fresh charcoal and honey, of each a sufficient quantity to make a mass, to be divided into four-grain pills. A fortnight after the employment of this medicine, the bellows-sound had disappeared; the pulsations of the heart were strong and loud; and an energetic impulse was felt on applying the hand. There was no syncope, and the appetite had returned. The dose of the pills was increased; and a month after, menstruation occurred, and the patient became plump, and able to bear much exertion. She digested and slept well---in a word, was cured.

["Another case was that of a young lady affected with phthisis:]

" Iron, with opium' was prescribed; but it increased the cough, and brought on obstinate constipation. Syrup of the Phosphate of Manganese was then given, with Cod-liver Oil; the latter being added rather to prevent the contact of air with the Manganese, than from any expectation of its prodncing good effects. The constipation ceased; and the cough became more bearable, and ceased in a fortnight. The patient then began to recover *embonpoint*. A month after the knuckles assumed a very remarkable brick-red color, which has continued up to the present time---a period of nearly a year and a-half. This patient took three *gros* (216 grains) of Phosphate of Manganese, in doses of three grains daily.

"Madame R. was affected with a cancer of the uterus. She complained of remittent pain in the hypogastric region, and suffered much while at stool. In the evening, she was troubled with severe lancinating pains, which often continued through the night. She was excessively weak, and of a pale yellow hue. She was troubled with palpitation, and a *bruit* was heard in the carotid. The feet frequently swelled. Syrup of the Iodide of Manganese was given with syrup of Horse-Radish, for several months. The pains did not leave her, but the anæmic appearance completely disappeared. To calm the pains, Opium, with extract of Hemlock, was prescribed; and the patient became apparently cured.

"Mademoiselle M., aged 14, of a scrofulous constitution, had glandular enlargements in the neck. ulceration of the transparent cornea of the left eye, and caries of the first phalangeal bone of the index finger of the right hand. Being the daughter of a peasant, she had lived exclusively on vegetable food; but was ordered to take meat and to drink beer. Syrup of the Iodide of Manganese was given in doses of a spoonful two or three times a-day. Under the influence of this, and her improved diet, she became less lean; soon after, the cornea regained its transparency, having been washed with a lotion containing gr. ss. of Nitrate of Silver, to an ounce of Distilled Water. The suppuration of the carious bone ceased, and the finger was cured.

M. G. B., aged 38, had been treated with mercury for some years, for constitutional Syphilis. The bones were sound; the skin was affected with all kinds of eruption; the tongue had long been the seat of an obstinate tumour; and there were Syphilitic Opthalmia and iritis. Fumigation and Iodide of Potassium were persevered in for several months, but without effect. Iodide of Manganese was then given, with syrup of Sarsaparilla; and in a month the patient was completely healed. He was directed to continue the use of the Maganese; and, as he has not since applied for relief, it is probable that he has had no relapse."

In the same Number is an account of the use of Coffee in Hooping-Cough. Should the remedy accomplish what is claimed for it, Dr. Guyot will prove to have made a great discovery.

"A child of four years old, under rigid dietetic treatment for measles, was seized with congestion of the lungs, against which energetic antiphlogistic treatment was put in force. When Dr. Guyot was called in, death seemed imminent from violent paroxysms of cough, which induced such alarming suffocation and syncope, as to cause the patient to appear to be actually dead. Some spoonfuls of strong beef-tea, with some spoonfuls of sweet and hot infusions of the lime-tree, were prescribed. The child passed the night without fainting. On the following day, the same infusions were continued, and in addition, there was given a little bit of grilled and finely minced mutton, with the view of restoring strength as rapidly as possible: but a severe fit of coughing came on, which, terminating in vomiting, caused ejection of the food; recourse was again had to the beef-tea, which provoked a similar fit of coughing, and was ejected. In these circumstances, with death apparently impending, a tea-spoonful of coffee was given after each tea-spoonful of beef-tea. Not only was the beef-tea retained, but, to my great surprise, the cough likewise ceased. Two hours afterwards, the child took, with relish, a little bit of hashed cutlet, followed by a a tea-spoonful of the coffee; the food was not ejected, digestion went on naturally, the night was passed in comfortable sleep, there was no more cough:—and in truth, the child was saved. On the following day, the treatment was continued, and there was a continuance of a like satisfactory state. On the third day, however, the relations omitted the coffee, when the cough returned after the first meal, with all the characterestic violence of well-formed Hooping-Cough; and this state continued during the day. On the fourth day, when the coffee was resumed, the cough disappeared. During forty-seven days the coffee was persisted in, when the cure was distinctly complete. The little patient was the only daughter of M. Haquin, a master boot-maker of Argenteuil.

"This case was furnishingsubject of serious reflection, when Dr. Guyot met, in a public conveyance, M. Bouja, ex-notary of Franconville. He told him that he had been obliged to have double doors for his study, to keep out the terible and incessant noise caused by his two children with Hooping-Cough.

"Dr. Guyot detailed the case above narrated, and he cured

both his children in four days by means of coffee. He has since tried the remedy successfully in above sixty cases. The efficacy of coffee in Hooping-Cough seems to show that the seat of the disease is not in the bronchial tubes or larynx, nor in their vascular or nervous network, but exclusively in the digestive organs, and especially in the pharynx; which, again, probably depends on some special affection of the stomach."

TREATMENT OF REMITTENT FEVERS.

We observe that our friends of the eastern cities are beginning to believe the doctrines so generally taught, and to adopt the treatment so successfully practiced in the West and South, in Remittent Fevers.

At a late meeting of the Philadelphia County Medical Society, Dr. Isaac Parish, an able and distinguished practitioner of the city, remarked:—

"It is well known that, within a few years past, the practice of administering Quinine in the early stage of Malarial Fevers of the remittent type, has become quite prevalent in those sections of the United States where these fevers are most prevalent. The idea is now extensively entertained, that Remittent and Intermittent Fevers are essentially the same disease, and that the absence of intermissions in the former, should not prevent the administration of the remedy which is found so effectual in controlling the latter. Hence, the physicians who hold to this opinion, give Quinine in large doses, and with a view to its anti-periodic qualities, in the remissions of a Fever, for the purpose of preventing the exacerbrations, which are known to occur at particular intervals. They do not wait until all febrile action has passed away, or until a crisis has occurred in the natural course of the Fever, on the fifth, seventh, or ninth day, or even later, but they commence at the outset with this potent remedy, just as in the early stage of a remittent, after a free evacuation of the bowels by a mercurial cathartic, and when a distinct morning remission was observable, has had the effect of moderating the evening exacerbation, and by continuing it a few days, of bringing the Fever to a rapid and favorable crisis. I have seldom given over 15 or 20 grains in the remission, and in mild cases, have found even less than this to answer the purpose. Since adopting this plan I have

they would do if no Fever were present, as in the intermission of an intermittent. In both cases, they would, perhaps, generally precede the Quinine by a brisk mercurial cathartic, and then attack it with Quinine, in the interval of the paroxysms, with a view to cutting short the disease.

The results of this practice, as reported to us by many highly respectable physicians of the West and South, whose experience has been ample, is, that remittent fevers which, under the plan of treatment formerly in vogue, were accustomed to run a protracted course, and to assume a serious aspect, are brought to a rapid termination, or converted, after two or three paroxysms, into the intermittent type, and easily cured. They say, that so far from the Quinine increasing the heat, thirst, and sensorial disturbances incident to a fever, that it allays these, calms the nervous system, and acts as a diaphoretic. Now, it is a point of great practical interest, to know how far these observations of our brethren in other sections, correspond with experience here; and my object in introducing the subject at this time is to ascertain this.

For myself, I can state that, in common with most of those who hear me, I was educated in the doctrine, that in remittents, we must be very cautious of bark or Quinine, while the least febrile excitement is present.

The idea entertained here, by the most eminent medical teachers, when I was a student, was, that in remittent, the febrile excitement must be reduced by the lancet and brisk purgation during the early stages, and that tonics were only to be given after the decline of the fever. Even my excellent father, who, as is well known by many here, was more favorable to the use of tonics and supporting treatment in Fever than most of his contemporaries, taught in his lectures, that bark and Quinine were not to be given until the cleaning of the tongue, or the occurrence of critical sweats, indicated the approach of convalescence; except in cases where malignant symptons were developed, or where unusual evidence of prostration existed,—and then the article was given more for its general tonic properties, than with any prospect of cutting short the fever.

Within the past few years, however, from the large amount of testimony to the value of Quinine in the early stages of remittent, which has reached us through the medical journals, I have been induced to pursue this course, and have reason to be well satisfied with it. I have found that Quinine, given

not seen any cases of protracted remittent, running on for three or four weeks, and attended with tympanitis, subsultus tendinum, low delirium, hemorrhage from the bowels, &c. Whether this fortunate exemption is attributable to the mode of treatment adopted, or to a diminished liability in our Fevers of late years to assume this form, I cannot positively say; though I am inclined think that the old plan of delaying the use of tonics, may have contributed to the production of these prolonged cases.

If the practice recently introduced by the practitioners of the South and West, in the treatment of Malarial Fevers, be confirmed by experience, and established as sound, it must be admitted that a great step has been taken in practical medicine; diseases, once the dread of the inhabitants of large sections of our country, will be divested of much of their virulence, and be brought under the control of remedial measures, while on science will have achieved a grand triumph.—*Med. Examiner.*

Surgery.---An interesting case has occurred in the hands of Prof. Hamilton, of Buffalo. A woman lost a phalanx of her thumb, from necrosis. Prof. H. applied a roller, and had the satisfaction of seeing a new phalanx formed. This, though a frequent occurrence in the crustacea tribe, is certainly very rare in the human being. M.

Part 4.—Selections.

ARTICLE I.

Tubercular Exudation into the Lungs (Phthisis Pulmonalis)—Diseased Aortic Valves---Musical Heart-Sounds---Ulceration in the Lungs checked by Cod-Liver Oil.

J. H. Bennett, Prof. of Institutes of Medicine, Edinburgh, relates, in a clinical lecture, published in the Monthly Journal of Medical Science, Feb., 1850, the following interesting case: Patrick Barclay, æt. 15, admitted June 25th, 1849. His previous history indicated that he had been of scrofulous habit from infancy. He had attended school regularly until a week ago, but could not take much exercise on account of a sore leg, which originated twelve months previously, in a fall. His diet has, for a long time, been very poor. On the 18th, he was attacked with cough, and this has continued till admission. He also complains of dyspnœa, on exertion. On admission he is excessively emaciated. He complains of cough, which is sometimes very prolonged, but has no pain nor difficulty of breathing. The chest expands well on inspiration. Cough eaaily excited, and occasionally severe. Sputa viscid, frothy, and tinged with blood. On percussion, there is great dullness on the right side, especially under the clavicle; the left side is also dull to a slight extent. On auscultation, distinct bronchophony, loud friction râle, and mucous râle, approaching cavernous, are heard in the upper right side, in front; and these become more faint towards the lower part of the lung. On the left side, friction râles are also heard in the upper part in front. Behind, on the right side, vocal resonance, not so distinct, but râles the same as in front. Pulse 114, strong and sharp. The heart's apex beats below sixth rib; impulse increased, but percussion does not indicate lateral expansion. On auscultation, a chirping musical murmur is heard over the apex of the heart, at the end of the first sound. This murmur becomes much more faint towards the base. To the left of the manubrium of the sternum, a bellows murmur takes the place of the second sound. This

murmur is quite concealed by loud friction râles, when respiration is going on, but is immediately perceived when the patient holds his breath. Tongue slightly furred: appetite good; some thirst. Bowels regular; urine natural. Sp gr 1020; not coagulable. The chest, face, and arms are covered with an eruption of purigo, which he has had several times. On the right thigh, towards the lower part, there are several cicatrices and three sinuses, which communicate with dead bone. Is much troubled with sweating, which at night is very profuse. To have good diet, with sweet milk, morning, and evening, and a dessert-spoonful of Cod-Liver Oil three times a-day. ℞. Mist. scillæ ℥iv; tinct. opii ammon. ℥ss; aquæ font. ℥ij. M. Half-an-ounce, three times a-day. 30th. Friction râle less. Gurgling râle, on right side. Upper part of chest to be rubbed with tartar emetic ointment. July 2d. Chirping murmur has become faint, and occasionally is inaudible. Has vomited his food several times. Napthæ ℥iss, to be added to mixture: to have beer for drink. 5th. Chirping murmur quite gone. 8th. Chirping murmur returned. Cough severe—causing vomiting. Eruption, brought out by ointment, painful. Omit the ointment, and mixture. ℞. Pulv. tragacath. co. ʒi; napthæ medic. ʒi; sol. mur. morph. iij; syrup aurantii ℥ss; mist. scillæ ʒv. M. A table-spoonful thrice a day. 31st. A seton was introduced beneath the right clavicle. Still vomits in the morning, but takes food and medicine better. August 6th. The expiratory murmurs under right clavicle are now quite dry. Vomiting is diminished. Omit the mixture. ℞. Ferri citrat ʒss.; tinct. aurantii et syrupi, ää ℥ss; infus. columbœ vi. M. A table-spoonful three times a-day. 12th. The seton discharges freely, causing great irritation, and is to be withdrawn Sept. 7th. Appearance of patient much improved. Sounds of cavity in chest continue dry. Takes now again a table-spoonful of the Oil three times a-day. Oct. 28th. Musical murmur has entirely disappeared. He is becoming quite fat, and is able to go about the ward all day. Complains only of slight cough at night, and palpitation on exertion. The right infra-cleviclar region is becoming flat. Omit the mixture, and also the Cod-Liver Oil. Nov. 18th. Cough has returned with slight mucous expectoration; and, on auscultation, mucous and sibilant rales are heard over the chest. Ordered to recommence the Oil. ℞. Mist scillœ ℥vss; vini ipecac. ʒij; sol. mur. morph., ʒi. M. A table-spoonful three times a-day.

From this time he rapidly improved. The cavity became perfectfully dry, and respiration over it was accompanied by blowing murmurs. Cough and expectoration greatly diminished. His general appearance is healthy, and he is very stout. On Jan. 13th, it is noted that, on percussion, a distinct sound is heard in the right infra-clavicular region, and faintly also on the left side. On auscultation, the heart's sounds are loud all over the chest, the second sound being accompanied with a distinct bellows murmur. Musical murmur has never returned. There are broncophony and prolonged expiration in the right infra-clavicular region, but no moist sounds. Sleeps well, and is very little troubled with cough. Does not sweat; is very fat; appetite good. This boy, as far as all general symptoms are concerned, may be regarded as having been in good health for the last two months.

This case offers a good instance of the advantages of Cod-Liver Oil. On admission, he presented the wasting characteristics of Phthis in its last stage. The emaciation was extreme. The cough and sweating most distressing; and the physical signs demonstrated a cavity as large as the fist, in the right lung. Under the use of the Oil, his strength rallied. After a time, it was given up, on account of his becoming so fat. Gurgling rales, and other signs of exudation, however, once more became apparent, and again disappeared when the use of the Oil was resumed. He has continued to take it ever since, and the cavity is evidently contracting. With the exception of very slight cough, and expectoration in the morning only, he may be considered as enjoying good general health. The sequel of this case will be given on a future occasion.—*Amer. Jour. Med. Science.*

National Medical Convention for Revising the Pharmacopœia of the United States.

The fourth decenial convention for revising the Pharmacopœia of the United States met at Washington on Monday, the 6th instant. The following delegates were present in the convention:—

From Rhode Island Medical Society, Dr. Joseph Mauran.

From Geneva Medical College, Dr. James Bryan.

From the College of Pharmacy of the city of New York, Messrs. John Milhau and George D. Coggeshall.

From the Medical Society of New Jersey, Drs. Lewis Condict and Wm. A. Newel.

From the College of Physicians of Philadelphia, Drs. Joseph Carson, Henry Bond, and Francis West.

From the University of Pennsylvania, Dr. George B. Wood and James B. Rogers.

From the Jefferson Medical College of Philadelphia, Dr. Franklin Bache.

From the Medical Faculty of the Pennsylvania College, Dr. H. S. Patterson.

From the Medico-Chirurgical College of Philadelphia, Dr. Clinton G. Stees.

From the Philadelphia College of Pharmacy, Messrs D. B. Smith, Charles Ellis, and Wm. Proctor, Jr.

From the Medical Society of Delaware, Drs. Isaac Jump and J. W. Thomson.

From the Medical and Chirurgical Faculty of Maryland, Drs. David Stewart and Joshua I. Cohen.

From the Medical Society of the District of Columbia, Drs. J. C. Hall and Harvey Lindsly.

From the National Medical College of the District of Columbia, Drs. Joshua Riley, Thomas Miller, and Edward Foreman.

From the Medical Department of the National Institute, D. C., Drs. Jas. Wynne and S. D. Gale.

From the Georgetown Medical College, Dr. F. Howard.

And from the Rush Medical College, Illinois, Dr. G. N. Fitch.

The credentials of delegates from the New Hampshire Medical Institution, the University of Buffalo, the Medical Department of Hampden Sidney College, the Medical Society of South Carolina, the Medical College of Ohio, the Cincinnati College of Pharmacy, the Missouri Medical Society, and the Medical Faculty of the University of Iowa, were presented by the Vice President of the Convention of 1840; but these delegates did not make their appearance during the session of the Convention.

A temporary organization was effected by calling Dr. Lewis Condict, President of the Convention of 1840, to the chair,

and appointing Dr. Harvey Lindsly, Secretary. A committee of five was then appointed, consisting of Dr. Bache, Dr. Mauran, Dr. Thomson, Dr. Miller, and Mr. Coggshall to nominate permanent officers of the Convention, with instructions to name two Vice Presidents, instead of one, as had been the custom on former occasions. This committee retired, and after a short consultation reported the names of the following delegates, viz:—

For President, Dr. George B. Wood, of Pennsylvania.

For Vice-Presidents, Dr. Joseph Mauran, of Rhode Island, and Dr. D. Y. Simons, South Carolina.

For Secretary, Dr. Harvey Lindsly, of the District of Columbia: and for Assistant Secretary, Dr. Edward Foreman, of the same place.

The nominations were confirmed by the Convention, and the President took the chair.

On motion, it was

Resolved, That the Surgeon-General of the Army, the Chief of the Naval Bureau of Medicine and Surgery, and such of the members of the two Houses of Congress as might be medical graduates, should be invited to take seats in the Convention, and participate in its proceedings.

In conformity with the directions of the preceding Convention the Committee of Revision and Publication, appointed by that body, presented a report of their proceedings, which was accepted.

The delegates of the several medical bodies represented in the Convention were then called on for contributions towards the revision of the Pharmacepœia; when reports were handed in from the delegate of the Rhode Island Medical Society, from the College of Pharmacy of the city of New York, from the College of Physicians of Philadelphia, from the Philadelphia College of Pharmacy, and from the Medical and Chirurgical Faculty of Maryland. These were referred to a Committee, consisting of Dr. Bond, Dr. Mauran, Dr. Cohen, Dr. Miller, and Mr. Milhau, with directions to report a plan for the revision and publication of the Pharmacopœia; after which the Convention adjourned to the following day.

At the next meeting, on Tuesday morning, a committee was appointed to examine the accounts and vouchers presented by the Committee of Revision and Publication of the preceding Convention, and reported that they had found them correct.

Dr. Bond, from the committee to which had been referred the reports from various medical bodies represented in the Convention, reported the following resolution:—

1. That a Committee of Revision and Publication, consisting of nine members, be appointed, to which shall be referred all communications offered to the Convention in relation to the revision of the Pharmacopœia, and that three of this committee shall form a quorum.

2. That the committee shall meet in the city of Philadelphia, and be convened as soon as practicable, by the Chairman.

3. That said committee shall be authorized to publish the work of revision, and to take all other measures which may be necessary to carry out the views and intentions of the Convention.

4. That the committee shall have power to fill its own vacancies.

5. That, after the completion of its labors, the committee shall submit a report of its proceedings to the Secretary of this Convention, to be laid before the next Convention.

The resolutions were adopted, and the following delegates appointed on the committee, viz: Dr. Franklin Bache, Dr. Joseph Carson, and Wm. Proctor, Jr., of Philadelphia; Dr. Joseph Mauran, of Providence, Rhode Island; Mr. John Milhau, of the city of New York; Dr. J. W. Thomson, of Wilmington, Delaware; Dr. David Stewart, of Baltimore; Dr. Joshua Riley, of the District of Columbia; and Dr. G. N. Fitch, of Logansport, Indiana.

It was resolved that the President of the Convention be added to the above committee, and serve as its Chairman.

In reference to the manner of calling, and the mode of constituting the next decennial Convention, to meet in the year 1860, it was

Resolved, That the regulations in reference to the present Convention, adopted by that in the year 1840, and published in the last edition of Pharmacopœia, should be adopted, with the necessary modifications in relation to the dates; the day of meeting being changed from the first Monday to the first Wednesday in May.

A letter was read, inviting the members of the Convention to a dinner to be given at the National Hotel, by the medical

gentlemen of Washington. The invitation was accepted, and the thanks of the Convention voted to the gentleman referred to for their hospitality.

The thanks of the Convention were also unanimously voted to Dr. Lewis Condict, President of the last Convention, for valuable services; and to the Board of Aldermen of the city of Washington, for their courtesy in offering their hall for the sittings of this Convention.

The Convention then adjourned.

After the adjournment, Dr. Wm. B. Chapman, one of the delegates from the Cincinnati College of Pharmacy, arriving in Washington, stated to the Secretary his concurrence in the proceedings of the Convention.

HARVEY LINDSLY, M. D.,
Secretary of the Convention.

WASHINGTON, May 9th, 1850.

Radical Cure of Corns.—In the number of L'Abeille Medicale of the 15th April, M. B. Matton, proposes a mode of curing corns, without a resort to cutting instruments. He advises that the feet be soaked in water for a short time, and the most projecting part of the corn be taken off with a penknife, or with the fingers; a stick of Nitrate of Silver moistened at the free extremity is then to be pressed slightly over the whole surface of hardened cuticle, and even a little beyond on the sound skin. The part to which the caustic is applied, should then be well dried, and let alone for ten days. A very slight and hardly perceptible vestication takes place, which, however, is soon absorbed. At the end of eight or ten days, by making some slight tractions with the fingers, or a pair of dissecting forceps, from the circumference to the centre of the eschar, we may remove, without the slightest pain, the hardened epidermis, so completely as to leave no trace behind. M. Matton pledges himself that those who try his plan will be certainly and radically cured.—*Southern Med. Jour.*

New Adhesive Agent.—M. Mellez, in an article published in the Bulletin de Thèrapeutique, of March 30th, recommends very strongly an adhesive preparation made of Shell lac dissolved in alcohol by the use of a moderate heat. The relative quantities of the articles should be sufficient to give the preparation the consistence of jelly or something approaching to it. It should be kept in a broad-mouthen bottle, corked to prevent desiceation. When wanted for use, it is to be spread upon strips of cloth of suitable size and form. M. Mellez enumerates its merits, contraction during its evaporation; impermeability to air; absence of all irritant action on the wound or skin; intimate adherence to the skin; resistance to the action of water, greasy matters, or the secretions from the wound; and absence of any need of heat. In all these respects he asserts that it is superior to the collodion. It does not dry quite so quickly as the latter article, but it dries with sufficient rapidity to avoid any tax upon the patience of the surgeon. It does not require that the parts to which it is to be applied should be so thoroughly dried as does the collodion. It is also a much cheaper article. He asserts that from his observation he feels authorized to state that it is the most reliable and easy to manage of all the adhesive agents, that its agglutinative power resists the action of liquids and the moderate movements of patients, even when its application lasts for weeks; that in drying it approximates the edges of the wound submitted to its action; that the short time which elapses before the wound begins to cicatrize gives ground for a suspicion that it does something more than afford a mechanical protection; and that in the treatment of fractures, especially such as are complicated with wounds, it is in every respect preferable to dextrine.—*Ibid.*

Part 5.—Editorial.

ARTICLE I.

AMERICAN MEDICAL ASSOCIATION.

Having attended the late meeting of this annual convocation of representatives of the medical profession in the United States, at Cincinnati, although not as delegate from our readers, but of the "Chicago Medical Society," we notwithstanding feel an obligation resting upon us to give them a pretty full account of the doings of that important and distinguished body, supposing that it will be as interesting to them as anything we can lay before them at this time.

The Association met in the spacious hall of Cincinnati College, at 10½ o'clock, A. M., on the 7th of May, the President, Dr. J. C. Warren, of Boston, in the Chair, who opened the session by an address, after hearing a report of those members who had presented their credentials and registered their names, from the Committee of Arrangements. The number of delegates in attendance during the session was near three hundred.

Dr. Brainard, of Chicago, moved that members by invitation, be now proposed and received, that they may participate in the organization of the Association; upon which an animated discussion arose, and the matter was, on motion of Dr. White, of Buffalo, referred to a special committee.

On motion of Dr. Watson, of N. Y., the delegates from the several States represented were directed to select one of their number to act on a committee to nominate officers for the Association.

The committee thus chosen consisted of Drs. N. Sanborn, of N. H., E. Fowler, of R. I., W. Hooker, of Conn., C. Jewett, of Vt., E. Reynolds, of Mass., T. W. Blatchford, of N. Y., E. Fithian, of N. J., C. Morris, of Penna., J. Couper, of

Del., S. P. Smith, of Md., G. L. Corbin, of Va., W. A. Norwood, of N. C., H. R. Frost, of S. C., P. F. Eve, of Ga., W. B. Johnson, of Ala., B. Bowler, of La., N. F. Thomas, of Tenn., E. Q. Blackburn, of Ky., G. W. Boerstler, of O., A. B. Palmar, of Mich., H. G. Sexton, of Ind., J. Evans, of Ills., W. M. McPheters, of Mo., S. G. Armor, of Iowa, and J. Parker, of Wis., showing that twenty-five States were represented.

The members of the Committee of Arrangements appointed last year, and Dr. C. Caldwell, of Ky., were elected permanent members.

Afternoon Session.— The Committee on Publication submitted their report, with a series of resolutions making the assessment and the price of the "Transactions" the same as last year, and requiring copies of the reports of the committees to be handed to the Secretary immediately after being read, transcribed in a plain and legible hand, which were adopted.

The report of the committee on Higiene after being partly read, was referred to the Committee on Publication.

The Committee on Nominations reported as officers for the present year,

President.—R. D. Mussey, of Ohio.

Vice-Presidents.——

1st. J. B. Johnson, of Missouri.
2d. A. Lopez, of Alabama.
3d. Daniel Brainard, of Illinois.
4th. G. W. Norris, of Pennsylvania.

Secretaries.—A. Stillè of Pennsylvania, and H. W. De Saussure, of South Carolina.

Treasurer.—Isaac Hays, of Pennsylvania.

After some discussion and various motions, the report was adopted, and the nominees declared to be elected.

May 8th, 1850.

The following resolutions, offered by Dr. Bow litch, of Massachusetts, were unanimously adopted:—

Resolved, That the American Medical Association has learned with deep regret of the death of Prof. Harrison, their late Vice-President, and they hereby wish to express their high sense of the virtues, talents, and professional merit o their distinguished associate.

Resolved, That in dying, as he did, while engaged in ministering to the wants, and relieving the sufferings of his fellow-citizens, this Association recognizes in him, a noble example of professional self-sacrifice.

Resolved, That the warmest sympathies of this Association are hereby most respectfully tendered to the family of their honored and deceased associate.

On motion of Dr. Stille, it was

Resolved, That a properly authenticated copy of the resolutions be transmitted to the family of Dr. Harrison.

The newly elected officers were conducted to their stations by an appropriate committee, when the President, in a few brief and pertinent remarks, returned thanks for the honor conferred upon him.

The committee on members by invitation, reported, and the following resolution was adopted:—

Resolved, That all those gentlemen who have been nominated to the Association be admitted as members by invitation.

Dr. Hooker, of Conn., moved the following:—

Resolved, That the section in the Constitution relating to members by invitation be repealed; which lies over, according to rule, to the next meeting of the Association.

Dr. Blatchford, of New York, presented the report of the committee on education, which he requested might be read by the Secretary, as the chairman of the committee was absent. The Secretary read the report.

Dr. Blatchford offered the following preamble and resolu-

tions, prefacing them with the remarks, that although a member of the committee, he had never seen the report until late on the preceding evening, and that he dissented altogether from the opinions it expressed.

Whereas, This Association has learnt through its several committees, appointed from year to year to examine into the state of medical education in our country, that many of the medical colleges, invested by law with the power of granting degrees, still continue a system of instruction which we cannot but regard as defective, both in the time allotted to the delivery of lectures, in the attention paid to practical anatomy, in the facilities afforded for clinical instruction, and in the low standard of the requirements for a degree; therefore,

Resolved, That this Association reiterates its former recommendations upon these points, and would urge upon the medical colleges to continue their efforts to elevate the standard of medical eduaation, by adopting such changes in their courses of instruction as shall satisfy the just and reasonable desires of the profession.

Resolved, That the thanks of the American Medical Association are due to the Faculties of the University of Pennsylvania and of the College of Physicians and Surgeons of New York, and all other institutions which may have conformed to our recommendations, for their prompt response to the recommendations of the Association for the improvement of medical education.

Dr. Roberts, also a member of the committee, dissented from the report, and said he had not seen it until the preceding evening.

Dr. Stille stated that the Colleges of Pharmacy of New York and Philadelphia were in active operation, as a correction to the report.

Dr. Parish, of Philadelphia, addressed the association in an able manner and at length, in opposition to the vews of the report.

After the offering and withdrawal of several motions, it was on motion of Dr. Stille

Resolved, That the report of the chairman of the committee on medical education be recommitted for correction as to matters of fact, and then handed to the committee of publication.

Resolved, That the resolutions of Dr. Blatchford be made the special order for the meeting of this afternoon.

The nominating committe were instructed to report committees and select a site for the next meeting of the Association.

Afternoon Session.—Dr. Johnson, Vice-President, in the chair. The consideration of Dr. Blatchford's resolutions being the order of the day.

Dr. Annan, of Ky., had in the forenoon observed that he had been a member of the first convention, and was there humiliated by the silence of the professors. The cry was "*pecavi*," "*Ora pro nobis.*" He would defend them from the ungrounded charges made. He now proceeded and said:—

The recommendations of the Association could not be carried out. The material did not exist. Young men with the requisite qualifications, and in numbers to supply the demand, could not be found who would enter the schools. We must take what we have or none. Even in the great cities this was the case. The gentlemen, members of the Association, even, who received these men into their offices, took their fees, and then sent them to the schools, were primarily to blame for their inadequate qualifications. Furthermore, he denied the vaunted superiority of graduates of those schools which had complied with the recommendations, over those of schools who had not. The reason why the western schools had not complied with the recommendations was, that they had not deemed them practicable, however reasonable they might seem. They deemed a course of lectures, of four months' duration, sufficient, if properly condensed. In the second

place, students had not the means even for attending four months; and, as medicine was free, they would go where they should not exceed their means, or they would be driven to practise without the advantage of hearing a course of lectures. Unquestionably, practical anatomy *was* important; but this was pursued as far as the schools could furnish the means, which, in point of fact, considering the relative numbers of the classes, were greater in Kentucky than in Philadelphia. The clinical instruction of the Philadelphia schools, given to three or four hundred students, carried once a week to the hospitals in omnibusses, he regarded as insignificant and comparatively worthless. He wondered that the Philadelphia professors did not laugh at the figure they exhibited in their dispensary *exhibitions*.

Dr. Miller, of Louisville, moved to add to the first resolution the words, "and urges upon the lay members of the Association to *begin* the work of improvement, by their efforts to raise the qualifications of candidates for matriculation."

While he was disposed, experienced as he was, in good spirit to receive the homilies that were read to him, he could not, as the discussion had turned, refrain from asking, how the *practitioners* performed *their* duty. In point of fact, not one in fifty in the United States bestowed any adequate attention upon the business of instruction. The mass utterly neglected young men, merely placing books in their hands, indicating no order of reading or of study, and leaving them to pursue their own course. If this was not a *caricature*, with what face, then, could they spur on the professional corps? They (the Professors) wept over the inadequate preparation of young men to receive professional training. They could not *enforce* the recommendations of the Association. It was absurd for them to set up as school-masters. They were willing to do all in their power. Let the Association do *its* part. The duty was reciprocal.

Dr. Davis commenced by an allusion to Dr. Annan's com-

plaints that the colleges had been unjustly accused, and instead of defending themselves had meekly cried, "Peccavi," &c. He reminded Dr. A. that if the colleges had been accused in any of the reports to this Association, it was certainly the fault of their Professors, for they had filled most of the offices and headed five-sixths of the standing committees ever since the organization of the Association; a fact, which in itself showed that the supposed war upon colleges was far more imaginary than real. The subject under discussion, however, was one of great interest, both to the profession and the community. He ridiculed the idea that four months was long enough to give or hear a satisfactory course of lectures on all the branches of medical scienee, as they should be taught at the present day. Let the absolute number of medical men be too great or too small, one thing is certain, that *too small* a number are properly educated and qualified to practice their profession. This Association had again and again recommended better preliminary education, longer periods of college instruction, and especially better practical or clinical advantages. And all this is right, but how shall it be accomplished? How shall a greater number of students be induced to study longer, and qualify themselves more thoroughly?

It is objected that the students cannot afford to study longer, and especially to attend a longer period of college instruction. It is true that very few of the wealthy are attracted either to the study or practice of medicine, and consequently that a large majority of medical students are much cotrolled in their choice of educational means, by pecuniary considerations. If it is desirable then, to induce the great majority of students to study longer, to avail themselves of true clinical or hospital instruction, and to qualify themselves in every sense to do honor to the profession and good to mankind, the present order of things in reference to colleges must be reversed; and those institutions which are so located as to

possess all the requisite advantages for giving clinical as well mere oral instruction must so arrange their *fees* as to destroy the advantage now almost universally possessed by institutions so located as to be entirely destitute of even the semblance of an hospital within their reach. That pretended professional dignity which induces the only colleges so located as to have the required means of instruction within their reach, to charge such *ticket fees* as almost neeessarily to exclude from their halls one-half of the whole number of medical students, must give place to a system of charges better adapted to the pecuniary condition of those seeking knowledge.

If it is objected that by cheapening medical education, we only induce a greater number to enter upon its study and thereby increase the already crowded state of the profession; we reply, in the first place, that so long as the laws of the States universally permit every man to practice medicine who wishes, whether he has ever seen the inside of a college or not, the objection has no force; and in the second place, that the number admitted into the profession should be limited by elevating the standard of requirements, instead of merely taxing the student's pockets. He said all present had one object in view, viz: the elevation of the profession and the extension of its usefulness; and he trusted that no mere local feelings or personal interests would ever sway our action. And most of all should he regret to see the Association show the least disposition to take a single step backward in the great work it had undertaken.

Dr. Baker, of Cincinnati, thought circulars, holding out special advantages of one school over another, should be condemned. The code of ethics should be extended to colleges as well as individuals.

Dr. Wright, of Cincinnati, thought it strange that there should be so much discussion on matters so plain—was in favor of lengthening the term in all medical schools except the Med. College of Ohio. After some fluent and pungent

remarks, of a personal nature, introduced in very bad taste and to the great annoyance of the Association, he was called to order.

Dr. Rives, of Cincinnati, followed, but in endeavoring to answer the charges of Dr. Wright, against the Medical College of Ohio, was soon found out of order.

Dr. D. W. Yandall, of Ky, made a labored effort to impress upon the Association a full sense of the deficiencies of clincal instruction in the schools of the West. His effort, though in some respects creditable, was too strong in denunciation. It served as an offset to Prof. Annan's remarks against schools at the East.

Dr. McPheters, of Mo., defended the medical schools of St. Louis, in reference to clinical teaching.

May 9th.

The consideration of Dr. Blatchford's resolutions was resumed.

On motion of Dr. Drake, the speakers were restricted to ten minutes each, and no one allowed to speak more than twice on the same resolution.

After some confusion, the Association went into Committee of the Whole, Dr. Knight, of Connecticut, in the chair.

The forenoon was spent in the discussion. We are sorry our limits will not allow a full report of it.

Drs. Morris, of Phila., Miller, of Louisville, Storer, of Boston, Lawson and Drake, of Cincinnati, Mitchell, of Philadelphia, Gilman, of N. Y., Ware, of Boston, Kerfoot, of Pa., Powell and Raphael, of Ky., Little, of Pa., Stille, of Pa., and Annan, of Ky., took part in the debate, and many amendments and substitutes were offered.

After voting to strike out the names of particular colleges, the following, offered as a substitute for the whole matter before the committee, by Dr. Morris, was adopted:

Resolved, That the Association re-affirms its recommendations in regard to medical education, and urges that private

instructors should receive into their offices, as students, only those qualified by previous instruction to pursue the study of medicine.

The committee then rose, and the Chairman reported accordingly. The report was accepted, and the whole matter was referred to the committee on medical education for the ensuing year.

Dr. Lopez, Vice-President, asked and obtained leave to read a protest on behalf of the profession of Alabama, against certain statements in regard to legal requirements, and unjust to the medical faculty of that State, made in the report on Medical Education, of 1849, which protest was accepted and referred to the Committee on Publication.

Afternoon Session.—Dr. Mitchell, Chairman, read a lengthy and well written report on Practical Medicine, principally devoted to the subjects of Cholera and Scarlatina. It was referred to the Committee on Publication, after a general expression that the acceptance of the report did not imply the adoption of the doctrines advanced by it.

The Committee on Nominations reported the Standing Committees for the ensuing year. We give the Chairman of each:—

On Medical Sciences, Dr. Bennett Dowler, of New Orleans, La.

On Practical Medicine, Dr. Austin Flint, Buffalo, N. Y.

On Surgery, Dr. Paul F. Eve, of Augusta, Georgia.

On Obstetrics, Dr. C. Humphreys Storer, of Boston, Mass.

On Medical Education, Dr. Worthington Hooker, of Norwich, Conn.

On Medical Literature, Dr. Thomas Reyburn, of St. Louis, Mo.

On Publication, Dr. Isaac Hays, of Philadelphia, Pa.

Committee of Arrangements, Dr. H. R. Frost, f Charleston, S. C.

The committee also recommended the city of Charleston, S. C., for the place of meeting, on the first Tuesday of May, 1851. The nominations were confirmed.

The Secretary read a letter addressed to Dr. Evans, from Dr. Prioleau, Chairman of the Committee of Obstetrics, who was unexpectedly prevented from attending the meeting, giving as a reason for not preparing a formal report, that there had come to his knowledge no important American improvement in that department of medicine during the year.

Dr. Evans, of Chicago, presented a paper on the "*Obstetrical Extractor*," invented by himself, and demonstrated upon the manakin, the mode of its application in practice.

The paper, with the letter from Dr. Prioleau, was referred to the appropriate committee, with discretionary power as to their publication.

Dr. Drake, Chairman of the Committee of Arrangements introduced a paper from Dr. N. S. Davis, of Chicago, upon the question, "Has the cerebellum any special connection with the sexual propensity, or function of generation?"

It was read by its author, and referred to the Committee on Publication.

An entertainment was given in the evening, at Masonic Hall, by the regular profession of Cincinnati. It was most sumptuous, and to the credit of the Committee of Arrangements, they did not furnish intoxicating drinks for beverage.

May 10th.

Dr. Johnson, Vice-President, in the Chair.

Dr. Parsons, Chairman of Committee on Medical Sciences, presented the report which was received and referred to the Committee on Publication.

Dr. Huston, Chairman, read the report of the Committee on Spurious and Adulterated Drugs, which was referred to the Committee on Publication.

Resolutions accompanying the report were adopted, and a committee of one from each State represented was appointed

to collect information in reference to spurious and adulterated drugs, to report at the next meeting of the Association.

Dr. C. Caldwell was requested to prepare a paper showing how far he thinks phrenology and mesmerism are founded in truth—also how far vital or animal chemistry is entitled to the appellation of a science.

The Committee on Nominations reported committees on Indigenous Medical Botany, Dr. A. Clapp, of New Albany, Ia., Chairman, and on Hygiene, Dr. James Moultrie, of Charleston, South Carolina, Chairman, which report was confirmed.

On motion of Dr. Blatchford, a special committee on pharmacy and the adulteration of drugs was appointed by the President, Dr. T. O. Edwards, of Ohio, to be Chairman.

On motion of Dr. Morris, of Pa., it was

Resolved. That it is with great satisfaction the members of this Association have observed the establishment of drug stores, in which neither patent medicine, nostrums, nor other articles, by which the artful and designing impose on the ignorant and credulous, are exposed for sale; and that the Association recommends to its members to exert their influence in their respective spheres of action to encourage similar efforts in other places.

On motion of Dr. Phelps, of N. Y., the subject of clerical encouragement of quackery was referred to the Committee on Hygiene.

Dr. Hooker, of Connecticut, offered resolutions in reference secret modes of practice by physicians, condemning them, which were adopted.

Dr. Lawson offered a resolution condemning the advertisement of nostrums by Medical Journals—adopted.

Afternoon Session.—Dr. Miller, of Ky., moved a suspension of the rules, and offered the following which was adopted:

Whereas, clinical instruction in medicine and surgery is now generally acknowledged to be essential to the proper

qualification of students for the practice of those branches of our profession, and whereas, it must be admitted that clinical instruction in midwifery would be equally valuable, therefore,

Resolved, That the Committee on Medical Education be instructed to inquire whether any practicable scheme can be devised to render instruction in midwifery more practical than it has hitherto been in the medical schools of the United States, and report at the next meeting of this Association.

Dr. Stille, Chairman, read the report on Medical Literature, which was accepted and referred to the Committee on Publication.

A series of resolutions accompanying it were considered *seriatim*, and adopted.

They recommend the patronage of medical periodicals; forming medical reading clubs; offering pecuniary rewards for the best memoirs; and that a committee be appointed to award a premium of $100, to be raised by voluntary contribution for "the best *experimental* essay on a subject connected either with physiology or medical chemistry.

Dr. F. G. Smith, of Philadelphia, is Chairman of said committee.

The Committee on International Copy-Right Law reported a memorial to Congress, which was ordered to be signed by the officers and forwarded.

On motion of Dr. Gross, of Ky., it was resolved that the Association recommend to colleges to adopt native productions as text-books for their pupils, and that the editing of English works by Americans be condemned.

On motion of Dr. Roberts, of Md., a committee of three on unfinished business was appointed. Dr. Roberts was appointed Chairman.

Dr. Drake, of Cincinnati, offered an amendment to the Constitution, providing that candidates for membership, by in-

vitation, be proposed in writing by five members, and that all permanenent members be allowed to vote.

Dr. McGuire, of Va, offered resolutions in reference to the medical staff of the army and navy of the United States, which were unanimously adopted.

On motion of Dr. Bowditch, of Boston, the committee on Medical Education were instructed to inquire if any means could be adopted to secure more thorough instruction in practical chemistry.

The Secretary presented the report of the Committee on Indigenous Medical Botany; a report on Vital Statististics of New Orleans, by Dr. J. C. Simmonds; Biographical Notices of Deceased Physicians, by Dr. Williams, of Mass., which were referred to the Committee on Publication, and a catalogue of Indigenous Medical Botany, by Dr. Bigelow, of Ohio, which was referred to the Committee on Medical Botany.

On motion of Dr. Flint, of N. Y., it was resolved that the MSS. work of the late lamented Dr. Forry be referred to the Committee on Publication, to be published if they deem advisable.

Dr. Gross, of Ky., moved the appointment of a committee to consider the propriety of the establishment of schools of veterinary medicine and surgery; adopted. Dr. Gross was appointed Chairman of said committee.

Dr. Kreider, of Ohio, presented a protest from the Fairfield Co. Medical Institute against the vending of spurious drugs; referred to the special committee on the subject.

Dr. Mead, of Ills., offered resolutions instructing the committee on Medical Education to enquire into the propriety of abolishing the rule that allows four years practice in lieu of one course of lectures, and of making college fees uniform, varying only between the North and South. Adopted.

After the passage of votes of thanks to the Committee of Arrangements and to the physicians of Cincinnati for the

kindness and attention shown, and to the Trustees of Cincinnati College for the use of their spacious Hall, the Association adjourned *sine die*.

Many pleasant acquaintances are formed, and much harmony of feeling and action secured by these convocations, and we hope the year is far in the future that shall not record a meeting of the American Medical Association.

We are indebted to the Medical News and the Boston Medcal and Surgical Journal for mnch of the material for making up this abstract. It may be relied upon as being generally correct. E.

ARTICLE II.

ILLINOIS STATE MEDICAL SOCIETY.

Agreeably to notice calling a State Convention for the purpose, physicians from different parts of the State met at Springfield, on the 4th of June, 1850, and organized a State Medical Society, by adopting a Constitution and a Code of Ethics on the model of those of the American Medical Association.

The officers elected for the ensuing year are as follows:—

President,—Dr. Wm. B. Herrick, of Chicago.

Vice-Presidents,—

Dr. Rodolphus Rouse, of Peoria.

Dr. A. G. Henry, of Springfield.

Secretaries,—

Dr. Edwin G. Meek, of Chicago.

Dr. S. A. Paddock, of Princeton.

Treasurer,—Dr. J. A. Halderman, of Carlinville.

The following are the Standing Committees:—

On Practical Medicine, Drs. Samuel Thompson, of Albion, A. G. Henry, of Springfield, and Daniel Stahl, of Quincy.

On Surgery, Drs. D. Brainard, of Chicago, J. A. Halderman, of Carlinville, and E. S. Cooper, of Peoria.

On Obstetrics, Drs. John Evans, of Chicago, R. Rouse, of Peoria, and M. Helm, of Springfield.

On Drugs and Medicines, Drs. J. V. Z. Blaney, of Chicago, E. R. Roe, of Jacksonville, and B. K. Hart, of Alton.

On Publication, Drs. E. G. Meek and S. A. Paddock, Secretaries, and J. A. Haldeman, Treasurer, *ex-officio*.

Committee of Arrangements, Drs. McNeil, Arnold, and Cooper, of Peoria, the place appointed for the next meeting of the Society.

Drs. Boal, of Lacon, A. E. Ames, of Roscoe, and McNeil, of Peoria, were appointed a committee to draft a memorial to the State Legislature, asking a law providing for the registration of Births, Deaths, and Marriages, and to circulate it among the people for signature, to be presented at the next session.

A resolution was passed, directing members to discountenance the sale of secret and patent nostrums, on the part of druggists, and to patronize, as far as practicable, those only who abstain from it.

The organization of local medical societies was recommended, and they invited to send delegates to the meetings of the State Society.

The Committee on Practical Medicine were requested to procure the keeping of meteorological records in as many places throughout the State as circumstances will admit.

Dr. E. R. Roe, of Jacksonville, was appointed to deliver a public address at the next meeting of the Society, with Dr. Davis, of Chicago, as alternate.

With much harmony of feeling, and strong confidence in the success of the Society, it adjourned to meet in Peoria on the first Tuesday in June next.

We are sorry our limits will not allow a fuller abstract of its proceedings. E.

ARTICLE III.

Surgical Anatomy.—By JOSEPH MACLISE, Surgeon. With Colored Plates. Philadelphia: Lea & Blanchard. Imperial Quarto. (From the Publishers, through S. C. Griggs & Co.)

We have received part first of this large and handsome work. This part contains sixteen large colored plates, and forty pages of descriptive letter-press. The plates, although not of the highest style of art, are accurate and truthful; and there is but one word in the English language descriptive of the letter-press—faultless. "The object of this work is to present to the student of medicine and the practitioner removed from the schools, a series of dissections demonstrative of the relative anatomy of the principal regions of the human body." The work will be issued in four parts; price of the whole, eight dollars. We understand part II. is now ready for delivery. For the quality, it is the cheapest work we have seen, and will constitute a valuable contribution to the surgeon's library. M.

ARTICLE IV.

CONCOUR FOR DEMONSTRATOR OF ANATOMY IN RUSH MEDICAL COLLEGE.

The concour for the place of Demonstrator of Anatomy in Rush Medical College, came off on the 17th and 18th of June last. Only two competitors came forward, out of a number who had given the required notice. They were Dr. J. W. Freer, of Wheeling, and Dr. E. S. Cooper, of Peoria, Illinois.

The trial was highly creditable to both, and resulted in the appointment of Dr. Freer.

The preparations presented by Dr. Freer, for the inspection of the Faculty, all of which have been made by him since the announcement of the concour, last winter, were very numerous, and would compare favorably with those from the hand of any other anatomist in any country.

This first trial of the concour system on this side of the Atlantic, has satisfied all concerned of its superiority over any other plan for selecting teachers; and although there may be circumstances where it would be inexpedient, for want of time or other necessary condition, still we feel confident that its general adoption will be found of the utmost utility, both to institutions and the profession at large. E.

ARTICLE V.

MEDICAL SOCIETY OF LOGAN, MASON, AND MENARD COUNTIES, ILLINOIS.

We have received a copy of the proceedings of the Convention that organized a Society by the above name, held on he 11th of February last.

Dr. James Smick was elected President, Dr. James P. Walker, Vice-President, Dr. Chamberlain, Secretary, and Dr. Patterson, Treasurer.

The first annual meeting was to have been held on the second Wednesday of May last, at Middletown. Although from inadvertance and irregularity of the mail, this notice is late in making its appearance, we wish our friends abundant success. E.

ARTICLE VI.

MISCELLANEOUS MEDICAL INTELLIGENCE.

Rush Medical College.---The circular for the next course of lectures in this Institution, and the catologue of last session will be published in about two weeks.

The chair of Practice of Medicine in the University of Pennsylvania, made vacant by the resignation of Prof. Chapman has been filled by the transfer of Dr. George B. Wood to it.

The committee of the American Medical Association, appointed under Dr. Stille's resolution to offer a prize of $100 for the best experimental essay on a subject connected with physiology or medical chemisty, have announced that they will be ready to receive competing memoirs until the first day of March next, directed to Dr. F. G. Smith, Philadelphia.

The Supreme bench of Massachusetts have decided against the application for a new trial in the case of Prof. Webster.

ARTICLE VII.

OBITUARY.

Died, at his residence in Burlington, Iowa, April 26, 1850, of Pleuro-Pneumonia, LUTHER W. HICKOK, M. D., in the 38th year of his age.

Dr. Hickok was a native of East Bloomfield, N. Y. He added to professional acquirements of a high order, social qualities of an attractive kind, and his death will be mourned by his medical brethren as well as by his friends and former patients.

—On Saturday evening, 26th of May last, Dr. AMOS TWITCHELL, of Keene, N. H., in the 60th year of his age. He enjoyed a high reputation as a skilful practitioner.

—On the 9th of May last, M. GAY LUSSAC, the distinguished French chemist.